

NOTICE OF ACTION
IN-HOME SUPPORTIVE SERVICES (IHSS)
CHANGE

COUNTY OF Sacramento
STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
Notice Date : 09/17/2026
Case Name : KALEB XIONG
Case Number : 1951916
Social Worker Name : SUSAN VANG
Social Worker Number : DA15
Social Worker Telephone : 916-874-9471
Social Worker Address :

NOTE: This notice relates ONLY to your In-Home Supportive Services. It does NOT affect your receipt of SSI/SSP, Social Security or Medi-Cal. KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.

P.O. Box 269131
Sacramento, CA 95826

(ADDRESSEE)
KALEB XIONG
9052 Ancestor DR
Elk Grove, CA 95758-1224

As of 10/01/2026, the services you can get and/or the amount of time you can get for services has changed.
Here's Why:
Total Hours:Minutes of IHSS you can get each month is now: 278:00. This is a/an increase/decrease of +05:21.
You will now get the services shown below for amount of time shown in the column "Authorized Amount of Service You Can Get." That column shows the hours/minutes you got before, the hours/minutes you will get from now on, and the difference. If you are getting less time for a service, the reason(s) is shown on the next page.
1) If there is a zero in the "Authorized Amount of Service You Can Get" column or the amount is less than the "Total Amount of Service Needed" column, the reason is explained on the next page(s).
2) "Not Needed" means that your social worker found that you do not require assistance with this task. (MPP 30-756.11)
3) "Pending" means the county is waiting for more information to see if you need that service. See the next page(s) for more information.

Table with 8 columns: SERVICES, TOTAL AMOUNT OF SERVICE NEEDED (HOURS:MINUTES), ADJUSTMENT FOR OTHERS WHO SHARE THE HOME (PRORATION), AMOUNT OF SERVICE YOU NEED (HOURS:MINUTES), SERVICES YOU REFUSED OR YOU GET FROM OTHERS, and AUTHORIZED AMOUNT OF SERVICE YOU CAN GET (HOURS:MINUTES) with sub-columns NOW, WAS, and +/-.

Questions?: Please contact your IHSS social worker. See top of page for phone number.
State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

YOUR HEARING RIGHTS

1. You have the right to ask for a conference with the county to talk about this action. At the conference you can speak for yourself, or someone else (a lawyer, relative, friend, or other person) can speak for you. If you want a conference, contact the county.
2. Whether or not you ask for a conference, you also have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.
3. If you ask for a hearing before an action on your In-Home Supportive Services (IHSS) takes place, your services will continue until the hearing. If you make your request in good faith, you will not have to repay any money you receive for services you get pending the hearing, even if the hearing decision says the county's action was right.
4. You can ask for a hearing in person or in writing. You have to say that you want a hearing and tell the reason(s) you want one.
5. You can ask for a hearing on your own or you can ask the county for assistance. Either way, you should tell your worker as soon as possible.
6. At a hearing, you can speak for yourself, or someone else (a lawyer, relative, friend, or other person) can speak for you. You can get free legal help at your local legal aid or welfare rights office. For a legal aid referral, call the toll-free number listed on this page.
7. If you do not want to go to the hearing alone, you can bring a relative, friend, or other person with you.
8. You can review the regulations about hearings at your local IHSS office.
9. Information Practices: The information you give to ask for a hearing is required to process your request according to state law. A case file will be made up for the hearing and you have the right to look at the information in the file. Any information you give may be shared with the county or the United States Department of Health and Human Services.

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send this page to:

California Department of Social Services
State Hearings Division
P.O. Box 944243
Mail Station 8-16-50
Sacramento, CA 94244-2430

OR Call toll free:
1-800-952-5253 or for hearing or speech impair
who use TDD, 1-800-952-8349.

REQUEST FOR HEARING:

I want a hearing because I disagree with the action of the county regarding my social services. Here's why:

- ☐ If you need more space, check box and add a page.
- ☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.) My language or dialect is:

PERSON WHOSE SOCIAL SERVICES WERE DENIED,CHANGED OR STOPPED

Telephone	Birthdate	
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Street Address		
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City	State	Zip Code
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Signature	Date
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NAME OF PERSON COMPLETING THIS FORM

- ☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records and/or go to the hearing for me. (This person can be a friend or relative but this person cannot interpret for you.)

Name

Telephone

Street Address		
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City	State	Zip Code
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NOTICE OF ACTION

COUNTY OF Sacramento

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

IN-HOME SUPPORTIVE SERVICES (IHSS) CHANGE (CONTINUED)

Notice Date: 09/17/2026
Case Name: KALEB XIONG
Case Number: 1951916

As of 10/01/2026, the hours of IHSS you get are increased. Here's why:

You told us that some or all of the following services are no longer being provided to you through an Alternative Resource (MPP 30-763.6):

Bowel & Bladder Care

Transfer

Ambulation

As of 10/01/2026, you will get more hours of IHSS. Here's why: On 08/04/2026, a reassessment of your needs was done. The reassessment showed that your condition has changed and that you now need more help in these areas: (MPP Section 30-756, MPP Section 30-757, MPP Section 30-761, MPP Section 30-763):
Protective Supervision

All or some of your IHSS services will be provided by a person selected by you. Please contact the county IHSS office when you select a provider(s). (MPP 30-767)

As of 10/01/2026, you can get 45 hours, 2 minutes per week of protective supervision services. At your last assessment we found that you are mentally impaired or mentally ill and you cannot assess when something is dangerous and take action to avoid getting hurt. You need 24-hour supervision to help you avoid getting hurt. During times outside of IHSS authorized protective supervision, supervision must be provided through another agency or person to make sure you have supervision 24-hours a day. [MPP 30-757.171]

The amount of hours/minutes per week of protective supervision services you will get is shown on the first page of this notice. This is the amount of service you need or the weekly program limit, whichever is less. The number of protective supervision hours you can get is calculated by subtracting your weekly hours for other IHSS services and subtracting your alternative resource hours from 168 hours, which is one week of the 24-hour supervision you need to help you avoid getting hurt. The weekly program limit on the number of hours you can get depends on if you are severely or non-severely impaired, and the funding program for your services. The county decides if you are severely impaired under regulations at MPP Section 30-701(s)(1)(A)-(D).

The maximum number of Protective Supervision hours you may receive per month is 195 because you receive your IHSS services through the CFCO program. (MPP 30-765; MPP 30-780)

You get IHSS as a service of your Medi-Cal. See your Medi-Cal notice for information about your Medi-Cal eligibility and any Medi-Cal share-of-cost you may have to pay.

If you have a share-of-cost, a letter will be sent to you each time one of your providers' timesheets are processed telling you how much you need to pay your provider.

Free legal assistance for your IHSS case may be available from:

Legal Services of Northern California - Sacramento (916) 551-2150

Or

Coalition of California Welfare Rights Organizations (CCWRO) (916) 736-0616

You must immediately tell the county about any changes that might affect your eligibility or need for IHSS, including changes in income, property, living arrangements, medical conditions or the ability to work. If you have any questions or think more facts should be considered, call your social worker.

Rules: The applicable Manual of Policies and Procedure (MPP) sections are shown above and on the previous page in parentheses. You may review the MPP at your local IHSS office.

Questions?: Please contact your IHSS social worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of the first page of this notice tells how.

IN-HOME SUPPORTIVE SERVICES (IHSS) DESCRIPTION OF SERVICES

DOMESTIC SERVICES

General household chores to maintain the cleanliness of the home. [MPP 30-757.11]

RELATED SERVICES

Meal Preparation: Planning menus, preparing foods, cooking and serving meals. [MPP 30-757.131]

Meal Clean-up: Cleaning up the cooking area and washing, drying and putting away cookware, dishes and utensils. [MPP 30-757.132]

Routine Laundry: Washing, drying, folding and putting away clothes and household linens. [MPP 30-757.134]

Shopping for Food: Making a grocery list, traveling to/from the store, shopping, loading, unloading, and storing food purchased. [MPP 30-757.135(b)]

Other Shopping/Errands:

1. Shopping for other necessary supplies; and
2. Performing small and necessary errands, e.g., picking up a prescription. [MPP 30-757.135(c)]

NON-MEDICAL PERSONAL SERVICES

Respiration Assistance: Assisting the recipient with nonmedical breathing related services such as self-administration of oxygen and cleaning breathing machines. [MPP 30-757.14(b)]

Bowel and/or Bladder Care: Assisting the recipient with using the toilet (including getting on/off), bedpan/bedside commode or urinal; emptying and cleaning ostomy bag, enema and/or catheter receptacles; applying diapers, disposable undergarments and disposable barrier pads; wiping and cleaning recipient; and washing/drying recipient's hands. [MPP 30-757.14(a)]

Feeding: Assisting the recipient to eat meals, including cleaning their face and hands before and after meals. [MPP 30-757.14(c)]

Routine Bed Bath: Giving a recipient who is confined to bed a routine sponge bath. [MPP 30-757.14(d)]

Dressing: Assisting the recipient to put on and take off their clothes as necessary throughout the day. [MPP 30-757.14(f)]

Menstrual Care: Assistance with the external placement of sanitary napkins and barrier pads. [MPP 30-757.14(j)]

CONTINUES ON THE NEXT PAGE →

NON-MEDICAL PERSONAL SERVICES (CONTINUED)

Ambulation and Getting In/Out of Vehicles: Assisting the recipient with walking or moving about the home, including to/from the bathroom, and to/from and into/out of the car for transporting to medical appointments and/or alternative resources. [MPP 30-757.14(k)]

Transfer (Moving In/Out of Bed and/or On/Off Seats): Assisting the recipient from standing, sitting, or prone position to another position and/or from one piece of furniture or equipment to another. [MPP 30-757.14(h)]

Bathing, Oral Hygiene and/or Grooming: Assisting the recipient with bathing or showering; brushing teeth, flossing, and cleaning dentures; shampooing, drying, and combing/brushing hair; shaving; and applying lotion, powder, deodorant. [MPP 30-757.14(e)]

Rubbing Skin and Repositioning: Rubbing skin to promote circulation and/or prevent skin breakdown; turning in bed and other types of repositioning; and supervising range of motion exercises. [MPP 30-757.14(g)]

Care of/Assistance with Prosthesis and Help Setting Up Medications: Taking off/putting on and maintaining and cleaning prosthetic devices, including vision/hearing aids; reminding the recipient to take prescribed and/or over-the-counter medications, and setting up Medi-sets. [MPP 30-757.14(i)]

TRANSPORTATION SERVICES

Transporting recipient to and from:

1. Appointments with physicians, dentists and other health practitioners; or
2. Sites necessary for fitting health related appliances/devices and special clothing, when transportation for these purposes is not provided under Medi-Cal.

This also includes transporting the recipient to sites where alternative resources provide in-home supportive services to the recipient in place of IHSS. [MPP 30-757.15]

HEAVY CLEANING

Thorough cleaning of the home to remove hazardous debris or dirt. Authorized one time only and only under certain circumstances. [MPP 30-757.12]

YARD HAZARD ABATEMENT

Light work in the yard to:

1. Remove high grass or weeds, and rubbish when these materials pose a fire hazard (authorized one time only); or
2. Remove ice, snow or other hazardous substances from entrances and essential walkways when these materials make access to the home hazardous. [MPP 30-757.16]

CONTINUES ON THE NEXT PAGE →

PROTECTIVE SUPERVISION

Protective Supervision is when an IHSS provider watches a person who is mentally impaired or mentally ill on a continual basis to prevent them from doing things which will cause them to get hurt. [MPP 30-757.17]

TEACHING AND DEMONSTRATION SERVICES

Teaching and demonstrating those services provided by IHSS providers so the recipient can perform services which are currently performed by IHSS providers by themselves. Certain limitations apply. [MPP 30-757.18]

PARAMEDICAL SERVICES

Services meeting the following conditions:

1. Activities which recipients would normally perform themselves if they did not have functional limitations;
2. Activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health; and
3. Activities which include the administration of medications, puncturing the skin, or inserting a medical device into a body orifice, activities requiring sterile procedures, or requiring a judgment based on training given by a licensed health care professional.

Special limitations apply. [MPP 30-757.19]

FOR A MORE DETAILED DESCRIPTION OF SERVICES, YOU MAY VIEW THE MANUAL OF POLICY AND PROCEDURES (MPP) SECTIONS REFERENCED ABOVE AT YOUR LOCAL WELFARE OFFICE.

Notice of Language Services

Your eligibility for public benefits could be affected by information contained in this letter. Your response may be required by a certain date. If you need additional help with this information, you can call your county worker. You have the right to ask for help in your own language. There is no cost for this help.

(English)

Su elegibilidad para recibir beneficios públicos podría ser afectada por la información contenida en esta carta. Su respuesta podría ser requerida antes de cierta fecha. Si necesita ayuda adicional con esta información, llame a su trabajador del condado. Tiene el derecho a pedir ayuda en su propio idioma. No hay ningún costo para esta ayuda.

(Spanish)

قد تتأثر أهليتك للحصول على المخصصات العامة بالمعلومات الواردة في هذه الرسالة. قد يكون ردك مطلوبًا بحلول تاريخ معين. إذا احتجت إلى المزيد من المساعدة لفهم هذه المعلومات، فيمكنك الاتصال بمسؤول الملف في مقاطعتك. لديك الحق في طلب المساعدة بلغتك. لا توجد تكلفة مقابل هذه المساعدة.

(Arabic)

Այս նամակում պարունակվող տեղեկատվությունը կարող է ազդել սոցիալական նպաստներ ստանալու ձեր իրավունքի վրա: Ձեր պատասխանը կարող է պահանջվել որոշակի ժամկետում: Եթե ձեզ անհրաժեշտ է լրացուցիչ օգնություն այս տեղեկությունները լրացնելու հետ կապված, կարող եք զանգահարել ձեր վարչաշրջանի սոցաշխատողին: Դուք իրավունք ունեք դիմել օգնության համար ձեր մայրենի լեզվով: Այս օգնությունն անվճար է:

(Armenian)

សិទ្ធិទទួលបានអត្ថប្រយោជន៍សាធារណៈរបស់អ្នក អាចមានការផ្លាស់ប្តូរតាមព័ត៌មាននៅក្នុងលិខិតនេះ។ អ្នកចាំបាច់ត្រូវតែឆ្លើយតបតាមកាលបរិច្ឆេទជាក់លាក់មួយ។ ប្រសិនបើអ្នកត្រូវការជំនួយបន្ថែមទាក់ទងនឹងព័ត៌មាននេះ អ្នកអាចទូរសព្ទទៅកាន់បុគ្គលិកប្រចាំនៅខោនធីរបស់អ្នក។ អ្នកមានសិទ្ធិស្នើសុំជំនួយជាភាសាខ្មែរ។ ការផ្តល់ជំនួយ មិនមានការគិតថ្លៃនោះទេ។

(Cambodian)

本信中包含的信息可能會影響您獲得公共福利的資格。在特定日期之前可能需要您的答覆。如果您需要有關此信息的其他幫助，可以致電您的縣工作人員。您有權使用您自己的語言尋求幫助。此幫助是免費的。

(Chinese)

اطلاعات مندرج در این نامه، ممکن است حق شما در برخورداری از منافع عمومی را تحت تأثیر خود قرار دهد. مهلت شما برای پاسخگویی به این نامه محدود می باشد. اگر در خصوص این اطلاعات نیاز به مساعدت بیشتری دارید، می توانید با مددکار کانتی خود تماس بگیرید. این حق شماست که به زبان خود درخواست کمک کنید. ارائه این کمک بدون هزینه می باشد.

(Farsi)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

इस पत्र में दी गई जानकारी से सार्वजनिक लाभ के लिए आपकी पात्रता प्रभावित हो सकती है। आपकी प्रतिक्रिया की एक निश्चित तिथि तक आवश्यकता हो सकती है। यदि आपको इस जानकारी के संबंध में अतिरिक्त सहायता चाहिए, तो आप अपने काउंटी कार्यकर्ता को फोन कर सकते हैं। आपको अपनी भाषा में मदद मांगने का अधिकार है। यह मदद निःशुल्क है।

(Hindi)

Koj li kev muaj cai tau cov kev pab cuam rau zej tsoom yuav raug kev cuam tshuam los ntawm cov ntaub ntawv muaj nyob hauv daim ntawv no. Tej zaum koj yuav tsum teb rov qab mus raws li hnuv hais tseg. Yog koj tsis nkag siab cov ntaub ntawv no hu rau tus neeg pab lis hauv lwm hauv koj lub zos. Koj muaj txoj cai thov kev pab hais koj hom lus. Yuav tsis tau them nqi dab tsi rau qhov kev pab no.

(Hmong)

この書簡に記載されている情報により、公的給付を受ける資格が影響を受ける可能性があります。特定の期日までに回答が必要な場合もあります。この情報に関して追加の支援が必要な場合は、郡職員に電話で問い合わせることができます。あなたには、母国語で支援を求める権利があります。費用はかかりません。

(Japanese)

본 서신에 포함되어 있는 정보는 귀하가 수령하고 있는 사회 복지 보조금에 영향을 줄 수 있습니다. 귀하는 사무국이 요청하는 일자까지 답신을 해야 합니다. 본 정보에 대하여 추가적인 도움이 필요한 경우, 귀하의 카운티 담당 복지 사무관에게 문의하십시오. 귀하는 모국어로 도움을 요청할 권리가 있으며, 언어 지원은 무료로 제공됩니다.

(Korean)

ສິດຂອງທ່ານທີ່ຈະໄດ້ຮັບຜົນປະໂຫຍດສາທາລະນະອາດໄດ້ຮັບຜົນກະທົບຈາກຂໍ້ມູນທີ່ມີຢູ່ໃນຈົດໝາຍສະບັບນີ້. ທ່ານຈຳເປັນຕ້ອງຕອບກັບ ຕາມວັນທີທີ່ໄດ້ກຳນົດໄວ້. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມຕໍ່ກັບຂໍ້ມູນນີ້, ທ່ານສາມາດໂທຫາພະນັກງານທາງຄາວຕີຂອງທ່ານໄດ້. ທ່ານມີສິດທີ່ຈະຂໍຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ. ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍສໍາລັບການຂໍຄວາມຊ່ວຍເຫຼືອນີ້.

(Lao)

Meih duqv zipv naaiv zeiv waa-fienx bun taux meih se wueic laaix benx zuqc ninh yaac haih maaih jau-louc mingh ging-dongx taux meih nyei ze'buonc pui-zipv tengxx fu'loqc nyaanh aengx caux oix zuqc heuc meih dau waac daaux nqaang bun nzuonx hingh gan hnoi-nyieqc ziangh hoc.. Se gorngv meih maiv bieqc hnyouv taux naaiv deix waa-fienx jau-louc nor korh waac mingh buangh taux meih nyei kaau div gong-gorn zangc zoux gong mienh. Meih corc maaih do-leiz ze'buonc tov heuc tengx faan benx meih nyei mienh fingz waac bun muangx maiv zuqc cuotv haaix diuc jaa-zinh.

(Mien)

ਇਸ ਚਿੱਠੀ ਵਿੱਚ ਸ਼ਾਮਲ ਜਾਣਕਾਰੀ ਦੁਆਰਾ ਜਨਤਕ ਫਾਇਦੀਆਂ ਲਈ ਤੁਹਾਡੀ ਯੋਗਤਾ ਪ੍ਰਭਾਵਿਤ ਹੋ ਸਕਦੀ ਹੈ। ਇੱਕ ਖਾਸ ਤਾਰੀਖ ਤੱਕ ਤੁਹਾਡੇ ਜਵਾਬ ਦੇਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ। ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਬਾਰੇ ਹੋਰ ਵਾਧੂ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਆਪਣੇ ਕਾਉਂਟੀ ਵਰਕਰ ਨੂੰ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਇਹ ਮਦਦ ਮੁਫਤ ਦਿੱਤੀ ਜਾਂਦੀ ਹੈ।

(Punjabi)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

В письме содержится информация, от которой могут зависеть ваши права на государственные льготы. Вам, возможно, нужно будет не позднее определенной даты прислать ответ. Если в связи с этой информацией вам нужна дополнительная помощь, вы можете позвонить своему социальному работнику из округа. Вы имеете право обращаться за помощью на своем родном языке. Помощь эта бесплатная.

(Russian)

สิทธิของคุณที่จะได้รับสวัสดิการอาจได้รับผลกระทบจากข้อมูลที่มีอยู่ในหนังสือฉบับนี้ คุณอาจจำเป็นต้องตอบกลับภายในวันที่ที่กำหนด หากคุณต้องการความช่วยเหลือเพิ่มเติมเกี่ยวกับข้อมูลนี้ คุณสามารถโทรศัพท์ติดต่อเจ้าหน้าที่เคาน์ตีของคุณได้ คุณมีสิทธิที่จะขอความช่วยเหลือในภาษาของตนเอง และความช่วยเหลือนี้จะมีให้โดยไม่คิดค่าใช้จ่ายใด ๆ

(Thai)

Ang iyong pagiging karapat-dapat para sa mga pampublikong benepisyo ay maaaring makaapekto sa impormasyong nilalaman ng liham na ito. Ang iyong tugon ay maaaring kailanganin sa pagsapit ng partikular na petsa. Kung kailangan mo ng karagdagang tulong sa impormasyong ito, maaari mong tawagan ang iyong manggagawa sa county. May karapatan kang humingi ng tulong sa sarili mong wika. Walang gagastusin para sa tulong na ito.

(Tagalog)

Інформація, яка знаходиться в цьому листі, може вплинути на Вашу відповідність вимогам для отримання соціальної допомоги. Вам, можливо, необхідно буде відповісти до певної дати. Якщо Вам потрібна додаткова допомога з цією інформацією, Ви можете зателефонувати своєму окружному працівникові. Ви маєте право звернутися з проханням про допомогу рідною мовою. Ця допомога є безкоштовною.

(Ukrainian)

Tính đủ điều kiện nhận các phúc lợi công cộng của quý vị có thể bị ảnh hưởng bởi thông tin có trong thư này. Chúng tôi có thể yêu cầu quý vị hồi đáp trước một ngày cụ thể. Nếu quý vị cần thêm trợ giúp với thông tin này, quý vị có thể gọi đến nhân viên tại quận hạt của quý vị. Quý vị có quyền yêu cầu trợ giúp bằng ngôn ngữ của quý vị. Quý vị không mất chi phí khi nhận sự trợ giúp này.

(Vietnamese)