

STATE HEARING
STATEMENT OF POSITION
In Home Supportive Services (IHSS)
Community First Choice Option (CFCO)

Kaleb Xiong – Case name
Yang Xiong – Claimant
9582 Village Tree Dr.
Elk Grove, CA 95758

Case Number: 1951916
State Hearing #: 105072660
12/19/2024 @ 10:00am
APP: No
File Date: 10/03/2024

COUNTY ACTION:

Sacramento County notified the recipient via a Notice of Action dated 09/11/2024 that the recipient child's authorized hours for In-Home Services were being increased from 13:17 to 195:00 hours per month effective 08/01/2023. **(Attachment 1)**

ISSUE:

Whether Sacramento County correctly complied with the order of hearing (***R-105019726***) in which the claim was granted. The order was as follows: Sacramento County shall authorize the child for Protective Supervision effective August 1, 2023; notify the child in writing of its actions; and aid the child as otherwise eligible.

Prehearings contact:

County Authorized representative contacted claimant on 12/5/2024 who reported that he is disputing the payment to the IHSS care provider and wages to recipient. Claimant is disputing the "overtime" wages of \$3,872.79.

PERTINENT FACTS AND HISTORY:

The recipient is 4-year-old male (DOB: 03/13/2020), who resides with both parents and siblings in a home located in the Sacramento County area. On 08/01/2023, an application was taken by In-Home Supportive Services on child's behalf by his father/claimant, Yang Xiong.

On 09/15/2023, a home visit assessment was conducted by an IHSS Social Worker (SW) Norman Choy to complete the 08/01/2023 application for services. As a result, this application was approved IHSS services but denied protective supervision via NOA dated 10/06/2023.

As a result of a rehearing (***105019726***) on 9/4/2024, Sacramento county was ordered to authorize the child for Protective Supervision effective August 1, 2023; notify the child in writing of its actions; and aid the child as otherwise eligible.

The NOA dated 09/11/2024 granted Protective Supervision hours as this case funding source was 2L-IPO3 which capped hours at 195.0 hours per month due to funding source.

On 9/11/2024, supplemental timesheets were ordered from 08/01/2023 through 08/31/2024 as 13:17 of the 195:00 hours had been paid prior to hearing results. These hours were claimed and paid to Care Provider. **(Attachment 2)**

The NOA dated 09/20/2024 authorized a total of 227:16 hours per month effective 10/20/2024 due to change in funding from 2L-IPO3 to CFCO program. **(Attachment 3)**

On 09/24/2024, a special transaction check was paid to the recipient for the difference of hours from 227:16 to 195:00 hours due to funding change from 08/01/2023 - 8/31/2024. **(Attachment 4)**

CONCLUSION:

Sacramento County contends that Sacramento County correctly complied with the order of State Hearing R-105019726 in which the claim was granted to authorize the child for Protective Supervision effective August 1, 2023.

The amount paid for the special transaction did not include overtime as regulations state that payments made to a recipient per State Hearing do not include overtime.

REGULATIONS:

MPP Section 30-769.734:

The recipient shall receive payment for services when the payments are made as a result of a state hearing decision. Payments made to a recipient per State Hearing do not include overtime as overtime is for time worked by the provider.

The recipient shall receive payment for services when the payments are made as a result of a state hearing decision. SPEC payments resulted from a state hearing decision do not include interest or overtime. The payment is given to the recipient for owed benefits, not provider payments.

ATTACHMENTS:

1. Notice of Action, dated 09/11/2024.
2. Timesheet/Payment from 08/01/2023 – 08/31/2023
3. Notice of Action, dated 09/20/2024
4. Special transaction check 09/26/2024

Yolanda Lewis
County Authorized Representative
(916) 874-9981

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

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

Notice Date : 09/11/2024
Case Name : KALEB XIONG
Case Number : 1951916
Social Worker Name : NORMAN CHOY
Social Worker Number : D882
Social Worker Telephone : 916-874-9471
Social Worker Address :

P.O. Box 269131
Sacramento, CA 95826

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.**

(ADDRESSEE)
KALEB XIONG
9582 Village Tree DR
Elk Grove, CA 95758-1198

As of 08/01/2023, 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: 195:00. This is a/an increase/decrease of +162:44.
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.

SERVICES <i>NOTE: See the back of the next page for a short description of each service.</i>	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	AUTHORIZED AMOUNT OF SERVICE YOU CAN GET HOURS:MINUTES		
					NOW	WAS	+/-
					DOMESTIC SERVICES (per MONTH):	00:00	00:00
RELATED SERVICES (per WEEK):							
Prepare Meals	00:00	00:00	00:00	00:00	00:00	00:00	
Meal Clean-up	00:00	00:00	00:00	00:00	00:00	00:00	
Routine Laundry	00:00	00:00	00:00	00:00	00:00	00:00	
Shopping for Food	00:00	00:00	00:00	00:00	00:00	00:00	
Other Shopping/Errands	00:00	00:00	00:00	00:00	00:00	00:00	
NON-MEDICAL PERSONAL SERVICES (per WEEK):							
Respiration Assistance (Help with Breathing)	00:00		00:00	00:00	00:00	00:00	
Bowel, Bladder Care	04:23		04:23	00:00	04:23	04:23	
Feeding	00:00		00:00	00:00	00:00	00:00	
Routine Bed Bath	00:00		00:00	00:00	00:00	00:00	
Dressing	00:00		00:00	00:00	00:00	00:00	
Menstrual Care	00:00		00:00	00:00	00:00	00:00	
Ambulation (Help with Walking, including Getting In/Out of Vehicles)	00:00		00:00	00:00	00:00	00:00	
Transferring (Help Moving In/Out of Bed, On/Off Seats, etc.)	01:34		01:34	00:00	01:34	01:34	
Bathing, Oral Hygiene, Grooming	00:00		00:00	00:00	00:00	00:00	
Rubbing Skin, Repositioning	00:00		00:00	00:00	00:00	00:00	
Help with Prosthesis (Artificial Limb, Visual/Hearing Aid) and/or Setting up Medications	00:00		00:00	00:00	00:00	00:00	
ACCOMPANIMENT (per WEEK):							
To/From Medical Appointments	00:05		00:05	00:00	00:05	00:05	
To/From Places You Get Services in Place of IHSS	01:25		01:25	00:00	01:25	01:25	
PROTECTIVE SUPERVISION (per WEEK):	168:00		160:33	00:00	37:35	00:00	
PARAMEDICAL SERVICES (per WEEK):	00:00		00:00	00:00	00:00	00:00	
TOTAL WEEKLY HOURS:MINUTES OF SERVICE YOU CAN GET:					45:02		
MULTIPLY BY 4.33 (average # of weeks per month) TO CONVERT TO MONTHLY HOURS:MINUTES:					x	4.33	=
SUBTOTAL MONTHLY HOURS:MINUTES OF SERVICE YOU CAN GET:					195:00		
ADD MONTHLY DOMESTIC HOURS:MINUTES OF SERVICE YOU CAN GET (from above):					00:00		
TOTAL HOURS:MINUTES OF SERVICE YOU CAN GET PER MONTH:					195:00		
TIME LIMITED SERVICES (per MONTH):							
Heavy Cleaning:	00:00	00:00	00:00	00:00	00:00	00:00	
Yard Hazard Abatement	00:00	00:00	00:00	00:00	00:00	00:00	
Remove Ice, Snow	00:00	00:00	00:00	00:00	00:00	00:00	
Teaching and Demonstration	00:00	00:00	00:00	00:00	00:00	00:00	
TOTAL HOURS:MINUTES OF TIME LIMITED SERVICES YOU CAN GET PER MONTH:	00:00						

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

TO ASK FOR A HEARING:

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.

- 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:
 11-800-952-5253 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
Street Address		
City	State	Zip Code
Signature		Date

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 _____
 City _____ State _____ Zip Code _____

ATTACHMENT # 1b

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

COUNTY OF Sacramento

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

Notice Date: 09/11/2024
Case Name: KALEB XIONG
Case Number: 1951916

As of 08/01/2023, you will get more hours of IHSS. Here's why: On 09/15/2023, 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):
Accompaniment to Alternative Resources
Bowel & Bladder Care
Transfer
Accompaniment to Medical Appointments
Protective Supervision

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.

This NOA reflects the outcome of your state hearing.

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)]

ATTACHMENT # 1d

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]

ATTACHMENT # 1e

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.

ATTACHMENT # 1f

Payment Search: KALEB XIONG 1951916



* required field

Search Criteria

▼ **Toggle Button**

Service Period

From Date:

Select
a Date

To Date:

Select
a Date

Issue Date

From Date:

Select
a Date

To Date:

Select
a Date

Payee Name:

Payee Name Search [Click here to clear the selected value](#)

Warrant Number:

[Search/Reset](#)

ATTACHMENT # 2a

Search Results (Number of Items: 28)

▼ Toggle Button

Action	Service From	Issued	Status	Warrant Number	Gross	Net	Hours	SOC	Payee Name	Type	Funding Source
View...	08/01/2023	11/30/2023	Cleared	76514866	\$49.50	\$49.50	03:00	\$0.00	XIONG, MARY	IP Pay	IPO
View...	08/16/2023	11/30/2023	Cleared	76514867	\$50.60	\$50.60	03:04	\$0.00	XIONG, MARY	IP Pay	IPO
View...	09/01/2023	11/30/2023	Cleared	76514868	\$49.50	\$49.50	03:00	\$0.00	XIONG, MARY	IP Pay	IPO
View...	09/16/2023	11/30/2023	Cleared	76514869	\$50.60	\$50.60	03:04	\$0.00	XIONG, MARY	IP Pay	IPO
View...	10/01/2023	11/30/2023	Cleared	76514872	\$49.50	\$49.50	03:00	\$0.00	XIONG, MARY	IP Pay	IPO
View...	10/16/2023	11/30/2023	Cleared	76514870	\$50.60	\$50.60	03:04	\$0.00	XIONG, MARY	IP Pay	IPO
View...	11/01/2023	11/30/2023	Cleared	76514871	\$49.50	\$49.50	03:00	\$0.00	XIONG, MARY	IP Pay	IPO
View...	11/16/2023	12/05/2023	Cleared	76545033	\$50.60	\$50.60	03:04	\$0.00	XIONG, MARY	IP Pay	IPO

Action	Service From	Issued	Status	Warrant Number	Gross	Net	Hours	SOC	Payee Name	Type	Funding Source
View...	12/01/2023	12/22/2023	Cleared	99883004	\$47.30	\$47.30	02:52	\$0.00	XIONG, MARY	IP Pay	IPO
View...	12/16/2023	01/08/2024	Cleared	99527954	\$52.80	\$52.80	03:12	\$0.00	XIONG, MARY	IP Pay	IPO
View...	01/01/2024	01/22/2024	Cleared	99289123	\$51.00	\$51.00	03:00	\$0.00	XIONG, MARY	IP Pay	IPO
View...	01/16/2024	02/08/2024	Cleared	99670085	\$52.14	\$52.14	03:04	\$0.00	XIONG, MARY	IP Pay	IPO
View...	02/01/2024	02/22/2024	Cleared	99546771	\$114.76	\$114.76	06:45	\$0.00	XIONG, MARY	IP Pay	IPO
View...	02/16/2024	03/08/2024	Cleared	99178293	\$111.06	\$111.06	06:32	\$0.00	XIONG, MARY	IP Pay	IPO
View...	03/01/2024	03/22/2024	Cleared	99227248	\$193.52	\$193.52	11:23	\$0.00	XIONG, MARY	IP Pay	IPO
View...	03/01/2024	04/17/2024	Cleared	99055514	\$72.26	\$72.26	04:15	\$0.00	XIONG, MARY	Supplemental Hours	IPO
View...	03/16/2024	04/05/2024	Cleared	99326989	\$204.00	\$204.00	12:00	\$0.00	XIONG, MARY	IP Pay	IPO

Action	Service From	Issued	Status	Warrant Number	Gross	Net	Hours	SOC	Payee Name	Type	Funding Source
View...	03/16/2024	04/17/2024	Cleared	99055513	\$78.76	\$78.76	04:38	\$0.00	XIONG, MARY	Supplemental Hours	IPO
View...	04/01/2024	04/22/2024	Cleared	99114939	\$274.26	\$274.26	16:08	\$0.00	XIONG, MARY	IP Pay	IPO
View...	04/16/2024	05/08/2024	Cleared	99583184	\$274.26	\$274.26	16:08	\$0.00	XIONG, MARY	IP Pay	IPO
View...	05/01/2024	05/23/2024	Cleared	99749600	\$263.50	\$263.50	15:30	\$0.00	XIONG, MARY	IP Pay	IPO
View...	05/16/2024	06/10/2024	Cleared	99665211	\$285.04	\$285.04	16:46	\$0.00	XIONG, MARY	IP Pay	IPO
View...	06/01/2024	06/24/2024	Cleared	99386153	\$292.82	\$292.82	16:08	\$0.00	XIONG, MARY	IP Pay	IPO
View...	06/16/2024	07/08/2024	Cleared	99228518	\$292.82	\$292.82	16:08	\$0.00	XIONG, MARY	IP Pay	IPO
View...	06/16/2024	07/15/2024	Cleared	99783575	\$435.60	\$435.60	00:00	\$0.00	XIONG, MARY	Sick Leave	IPO
View...	07/01/2024	07/22/2024	Cleared	99180402	\$281.33	\$281.33	15:30	\$0.00	XIONG, MARY	IP Pay	IPO

[View...](#)

07/16/2024

Action	Service From	Issued	Status	Warrant Number	Gross	Net	Hours	SOC	Payee Name	Type	Funding Source
View...	07/16/2024	08/07/2024	Cleared	99000473	\$304.32	\$304.32	16:46	\$0.00	XIONG, MARY	IP Pay	IPO
View...	08/01/2024	08/22/2024	Cleared	99889191	\$281.33	\$281.33	15:30	\$0.00	XIONG, MARY	IP Pay	IPO

[View...](#) 08/01/2024

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

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

Notice Date : 09/20/2024
 Case Name : KALEB XIONG
 Case Number : 1951916
 Social Worker Name : NORMAN CHOY
 Social Worker Number : D882
 Social Worker Telephone : 916-874-9471
 Social Worker Address :

P.O. Box 269131
 Sacramento, CA 95826

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.**

(ADDRESSEE)
 KALEB XIONG
 9582 Village Tree DR
 Elk Grove, CA 95758-1198

As of 10/01/2024, 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: 227:16. This is a/an increase/decrease of +32:16.
 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.

SERVICES <i>NOTE: See the back of the next page for a short description of each service.</i>	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	AUTHORIZED AMOUNT OF SERVICE YOU CAN GET HOURS:MINUTES		
					NOW	WAS	+/-
					DOMESTIC SERVICES (per MONTH):	00:00	00:00
RELATED SERVICES (per WEEK):							
Prepare Meals	00:00	00:00	00:00	00:00	00:00	00:00	
Meal Clean-up	00:00	00:00	00:00	00:00	00:00	00:00	
Routine Laundry	00:00	00:00	00:00	00:00	00:00	00:00	
Shopping for Food	00:00	00:00	00:00	00:00	00:00	00:00	
Other Shopping/Errands	00:00	00:00	00:00	00:00	00:00	00:00	
NON-MEDICAL PERSONAL SERVICES (per WEEK):							
Respiration Assistance (Help with Breathing)	00:00		00:00	00:00	00:00	00:00	
Bowel, Bladder Care	04:23		04:23	00:00	04:23	04:23	
Feeding	00:00		00:00	00:00	00:00	00:00	
Routine Bed Bath	00:00		00:00	00:00	00:00	00:00	
Dressing	00:00		00:00	00:00	00:00	00:00	
Menstrual Care	00:00		00:00	00:00	00:00	00:00	
Ambulation (Help with Walking, including Getting In/Out of Vehicles)	00:00		00:00	00:00	00:00	00:00	
Transferring (Help Moving In/Out of Bed, On/Off Seats, etc.)	01:34		01:34	00:00	01:34	01:34	
Bathing, Oral Hygiene, Grooming	00:00		00:00	00:00	00:00	00:00	
Rubbing Skin, Repositioning	00:00		00:00	00:00	00:00	00:00	
Help with Prosthesis (Artificial Limb, Visual/Hearing Aid) and/or Setting up Medications	00:00		00:00	00:00	00:00	00:00	
ACCOMPANIMENT (per WEEK):							
To/From Medical Appointments	00:05		00:05	00:00	00:05	00:05	
To/From Places You Get Services in Place of IHSS	01:25		01:25	00:00	01:25	01:25	
PROTECTIVE SUPERVISION (per WEEK):	168:00		160:33	00:00	45:02	37:35	
PARAMEDICAL SERVICES (per WEEK):	00:00		00:00	00:00	00:00	00:00	
TOTAL WEEKLY HOURS:MINUTES OF SERVICE YOU CAN GET:					52:29		
MULTIPLY BY 4.33 (average # of weeks per month) TO CONVERT TO MONTHLY HOURS:MINUTES:					x	4.33	=
SUBTOTAL MONTHLY HOURS:MINUTES OF SERVICE YOU CAN GET:					227:16		
ADD MONTHLY DOMESTIC HOURS:MINUTES OF SERVICE YOU CAN GET (from above):					00:00		
TOTAL HOURS:MINUTES OF SERVICE YOU CAN GET PER MONTH:					227:16		
TIME LIMITED SERVICES (per MONTH):							
Heavy Cleaning:	00:00	00:00	00:00	00:00	00:00		
Yard Hazard Abatement	00:00	00:00	00:00	00:00	00:00		
Remove Ice, Snow	00:00	00:00	00:00	00:00	00:00		
Teaching and Demonstration	00:00	00:00	00:00	00:00	00:00		
TOTAL HOURS:MINUTES OF TIME LIMITED SERVICES YOU CAN GET PER MONTH:					00:00		

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:
 11-800-952-5253 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 _____

Street Address _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

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 _____

City _____ State _____ Zip Code _____

ATTACHMENT # 3b

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

COUNTY OF Sacramento

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

Notice Date: 09/20/2024
Case Name: KALEB XIONG
Case Number: 1951916

As of 10/01/2024, you will no longer get In-Home Supportive Services through the IHSS Plus Option (IPO) Program (W&IC 14132.952)
You will now get IHSS through the
Community First Choice Option (CFCO) Program (W&IC 14132.956)

You will get services from the CFCO Program because your authorized services, due to an assessed change in your condition, meet the requirements for the CFCO program.

Your hours of service are increased. Here's why: You now receive your services from the CFCO program, which allows you to receive 195 hours of Protective Supervision plus additional hours for your other IHSS services (W&IC 14132.956).

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 10/01/2024, 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)]

ATTACHMENT # 3d

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]

ATTACHMENT # 30

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.

ATTACHMENT # 3f

View Special Transaction: KALEB XIONG 1951916

Service Period

From Date: 08/01/2024

To Date: 08/31/2024

Payee Name: KALEB XIONG

Amount: \$7,48.05

Type: State Hearing Decision

Rate Override: \$0.00

Hours (HH:MM): 00:00

Special Transaction Number: 10660096

Status: Processed

Status Date: 09/24/2024

Program: IHSS

Submitted By: maddison001

Approved By/Rejected By: Jhesh002

Comments: Spec Trans pay difference between 227.16 - 195.00 which is 32.16>32.27 for the months of August 2023-September 2024 Totalling \$7,48.05