

RECEIVED
01/28/2025



SACRAMENTO COUNTY
IN HOME SUPPORTIVE SERVICES
P.O. BOX 269131
SACRAMENTO, CA 95826

Worker code: _____

1882

95758261198 R005

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**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 : 01/22/2025
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: 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	ADJUSTMENT FOR OTHERS WHO SHARE THE HOME (PRORATION)	AMOUNT OF SERVICE YOU NEED	SERVICES YOU REFUSED OR YOU GET FROM OTHERS	AUTHORIZED AMOUNT OF SERVICE YOU CAN GET HOURS:MINUTES		
	HOURS:MINUTES		HOURS:MINUTES		NOW	WAS	+/-
	DOMESTIC SERVICES (per MONTH):	00:00	00:00	00:00	00:00	00:00	00:00
RELATED SERVICES (per WEEK):							
Prepare Meals	00:00	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	00:00
Routine Laundry	00:00	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	00:00
Other Shopping/Errands	00:00	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	00:00
Bowel, Bladder Care	04:23		04:23	00:00	04:23	04:23	00:00
Feeding	00:00		00:00	00:00	00:00	00:00	00:00
Routine Bed Bath	00:00		00:00	00:00	00:00	00:00	00:00
Dressing	00:00		00:00	00:00	00:00	00:00	00:00
Menstrual Care	00:00		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	00:00
Transferring (Help Moving In/Out of Bed, On/Off Seats, etc.)	01:34		01:34	00:00	01:34	01:34	00:00
Bathing, Oral Hygiene, Grooming	00:00		00:00	00:00	00:00	00:00	00:00
Rubbing Skin, Repositioning	00:00		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	00:00
ACCOMPANIMENT (per WEEK):							
To/From Medical Appointments	00:05		00:05	00:00	00:05	00:05	00:00
To/From Places You Get Services in Place of IHSS	01:25		01:25	00:00	01:25	01:25	00:00
PROTECTIVE SUPERVISION (per WEEK):	168:00		160:33	00:00	45:02	37:35	+07:27
PARAMEDICAL SERVICES (per WEEK):	00:00		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	00:00	00:00
Yard Hazard Abatement	00:00	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	00:00
Teaching and Demonstration	00:00	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

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
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Street Address

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

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: 01/22/2025
Case Name: KALEB XIONG
Case Number: 1951916

As of 08/01/2023, 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 08/01/2023, 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.

This Notice of Action reflects the outcome of your state hearing. To comply with the order, you received a one-time payment issued 09/26/2024 for the months of August 2023-September 2024. This Notice of Action replaces the Notices of Action issued 9/11/2024 and 9/20/2024. (MPP 22-078.21)

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.