

**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	+/-
	<b>DOMESTIC SERVICES (per MONTH):</b>	00:00	00:00	00:00	00:00	00:00	00:00
<b>RELATED SERVICES (per WEEK):</b>							
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
<b>NON-MEDICAL PERSONAL SERVICES (per WEEK):</b>							
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
<b>ACCOMPANIMENT (per WEEK):</b>							
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
<b>PROTECTIVE SUPERVISION (per WEEK):</b>	168:00		160:33	00:00	45:02	37:35	+07:27
<b>PARAMEDICAL SERVICES (per WEEK):</b>	00:00		00:00	00:00	00:00	00:00	00:00
<b>TOTAL WEEKLY HOURS:MINUTES OF SERVICE YOU CAN GET:</b>					52:29		
<b>MULTIPLY BY 4.33 (average # of weeks per month) TO CONVERT TO MONTHLY HOURS:MINUTES:</b>					x 4.33 =		
<b>SUBTOTAL MONTHLY HOURS:MINUTES OF SERVICE YOU CAN GET:</b>					227:16		
<b>ADD MONTHLY DOMESTIC HOURS:MINUTES OF SERVICE YOU CAN GET (from above):</b>					00:00		
<b>TOTAL HOURS:MINUTES OF SERVICE YOU CAN GET PER MONTH:</b>					227:16		

<b>TIME LIMITED SERVICES (per MONTH):</b>							
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	
<b>TOTAL HOURS:MINUTES OF TIME LIMITED SERVICES YOU CAN GET PER MONTH:</b>					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.

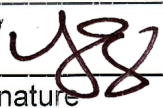
**REQUEST FOR HEARING:**

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

\_\_\_\_\_  
 \_\_\_\_\_  
 SEE ATTACHMENT FOR DETAILS  
 \_\_\_\_\_

- 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:

\_\_\_\_\_  
 KALEB XIONG  
 PERSON WHOSE SOCIAL SERVICES WERE  
 DENIED, CHANGED OR STOPPED

916-647-7815	03/13/2020	
Telephone	Birthdate	
9582 VILLAGE TREE DR		
Street Address		
ELK GROVE	CA	95758
City	State	Zip Code
	2/9/2025	
Signature	Date	
YANG XIONG		

**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

# 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

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### 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.**

I appeal the January 22, 2025, Notice of Action, which falsely asserts that Sacramento County has fully implemented the Administrative Law Judge's (ALJ) directive from January 2, 2025, regarding case **SHN-105072660**. As of **February 9, 2025**, the County has failed to take meaningful corrective action.

Additionally, Sacramento County has refused to provide official documentation to substantiate its interpretation of **MPP Section 30-769.734**, a regulation central to this dispute. This refusal directly impacts its justification for withholding the remaining overtime backpay. The County has also ceased communication with me, as confirmed by its last correspondence dated **February 7, 2025** (see Exhibit A).

This marks my **fourth appeal** regarding the authorization of **protective supervision for my child, effective August 1, 2023**. Sacramento County continues to delay resolution and remains noncompliant with the ALJ's directive.

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## **ALJ's Order and Sacramento County's Noncompliance**

At the **December 19, 2024**, hearing for case SHN-105072660 (audio recording available on ACMS), the ALJ considered two compliance options:

1. **Issuing a new Notice of Action (NOA)** placing my child in the CFCO program with **227 hours and 16 minutes** of monthly **IHSS services, effective August 1, 2023**, and enabling the submission of supplemental electronic timesheets.
2. **Issuing a special transaction** to pay the outstanding backpay of **\$3,872.79**, an amount confirmed by the County Representative during the hearing and in prior email correspondence.

The ALJ **chose Option 1** and issued the following order:

*"The claim is granted in part. Sacramento County shall rescind the September 11, 2024, and September 20, 2024, Notices of Action; authorize the child 227:16 (hours: minutes) per month, effective August 1, 2023; place the child in the CFCO program effective August 1, 2023; and aid the claimant and child as otherwise eligible."*

Despite issuing the new NOA, Sacramento County **has not enabled supplemental electronic timesheets**, preventing the provider from claiming the full authorized hours. This directly contradicts the County's claim of compliance and proves the ordered increase has **not** been properly implemented.

As a result:

- The remaining **32:16 monthly overtime hours** for **August 1, 2023 – September 30, 2024**, remain only **partially paid** via the **September 26, 2024, special transaction**.
- Sacramento County falsely asserts that this transaction constitutes full compliance.
- The County continues to misinterpret **MPP Section 30-769.734** while failing to provide any official regulatory justification for withholding overtime payments.

If the County's interpretation were upheld, the ALJ's order would be **effectively nullified**, as no meaningful corrective action would have been taken.

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## **Outstanding Backpay of \$3,872.79**

In my correspondence with the County, I requested payment of the remaining **\$3,872.79**. The County, citing **MPP Section 30-769.734**, claims that overtime is not payable—despite the ALJ not explicitly ruling on this interpretation.

However:

- **MPP Section 30-769.734** contains no language prohibiting overtime payments.
- The ALJ's written decision does not reference this regulation, meaning it does not restrict full backpay.
- The ALJ's **intent** was to authorize **227:16 monthly IHSS service hours**, which inherently requires full backpay.

Had Sacramento County **properly implemented the ALJ's order**, the total backpay owed for **August 1, 2023 – September 30, 2024**, would be **\$52,922.27**, not **\$49,049.48**—confirming an underpayment of **\$3,872.79**.

At the **December 19, 2024**, hearing, the ALJ expressed concern about Sacramento County's noncompliance, stating:

*"It doesn't make sense to me that protective supervision can be authorized retroactively, and somebody can be prevented from receiving the full payment when they would have received the full payment had the decision been made initially... I definitely have concerns as a judge because I always thought that the person was going to be made whole."*

These remarks reinforce that the ALJ expected **full compliance**, including full backpay, without arbitrary restrictions.

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## **Request for Corrective Action**

I respectfully request that this appeal be granted and that Sacramento County be ordered to take full corrective action by either:

1. **Enabling supplemental electronic timesheets** to allow the remaining hours to be claimed and paid in full, or
2. **Issuing a special transaction** for the remaining **\$3,872.79**.

Sacramento County's repeated delays and refusal to fully implement the ALJ's directive have caused unnecessary hardship. I urge a prompt resolution to this matter.

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## **Summary of Noncompliance Issues**

- ✓ **Failure to enable electronic timesheets**, preventing full payment of authorized hours.
- ✓ **Unjustified withholding of \$3,872.79** in overtime backpay.
- ✓ **Failure to provide official documentation** supporting its interpretation of **MPP Section 30-769.734**.
- ✓ **Cessation of communication** as of **February 7, 2025**.

I respectfully request swift intervention to ensure full compliance with the ALJ's directive and resolution of this ongoing issue.



Yang Xiong &lt;yangcounty@gmail.com&gt;

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**Automatic reply: 1951916 K.X. IHSS hours & MediCal funding**

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Yang Xiong &lt;yangcounty@gmail.com&gt;

Sun, Jan 5, 2025 at 9:49 AM

To: "Love. Suzanne" &lt;LoveSu@saccounty.gov&gt;, "Choy. Norman" &lt;choyna@saccounty.gov&gt;

Cc: Mary Xiong &lt;maryxiong19@yahoo.com&gt;, "McFarland. Dianne" &lt;MCFARD@saccounty.gov&gt;, "Ishola. Al-Ameen" &lt;isholaal@saccounty.gov&gt;, JohnsonJea@saccounty.gov

Dear Ms. Love and Mr. Choy,

I hope this message finds you well.

On January 2, 2025, the ALJ released the state hearing decision in my favor. Before implementing the ALJ's order, I would like to ensure we are aligned to avoid any further complications.

As per the ALJ's decision, Sacramento County is directed to place my child in the CFCO program effective August 1, 2023, with the appropriate monthly hours of 227:16. Given the circumstances, this adjustment applies to the period from August 1, 2023 through September 30, 2024. Starting October 1, 2024, my child's hours were updated to 243:12, as determined by Mr. Choy's annual assessment on September 24, 2024 (NOA dated September 30, 2024).


Please confirm once the necessary adjustments have been made so that we can proceed with the IHSS Electronic Services Portal (ESP) system to generate and complete the supplemental timesheets. If the County opts to address this through a special transaction instead, I kindly ask that the remaining \$3,872.79 be issued promptly.


Thank you for your attention to this matter. Please let me know if any clarification is needed to move forward efficiently.

Best regards,

Yang Xiong

 Claimant-Position-of-Statement-10.4.2024.pdf

 Decision\_105072660\_01022025153423076.pdf

 Rebuttal-to-Sacramento-County-Position-Statement-12.16.2024.pdf

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Yang Xiong <yangcounty@gmail.com>

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**Automatic reply: 1951916 K.X. IHSS hours & MediCal funding**

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Yang Xiong <yangcounty@gmail.com>

Mon, Jan 13, 2025 at 7:26 AM

To: "Love. Suzanne" <LoveSu@saccounty.gov>, "Choy. Norman" <choyna@saccounty.gov>

Cc: Mary Xiong <maryxiong19@yahoo.com>, "McFarland. Dianne" <MCFARD@saccounty.gov>, "Ishola. Al-Ameen" <isholaal@saccounty.gov>, JohnsonJea@saccounty.gov

Good morning, Ms. Love and Mr. Choy,

This email is a friendly follow-up to my January 5, 2025 email. Even if you have not been able to work on carrying out the ALJ's order, please send me a quick update to let me know where things are.

Thank you.

Yang Xiong

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Yang Xiong &lt;yangcounty@gmail.com&gt;

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**Automatic reply: 1951916 K.X. IHSS hours & MediCal funding**

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Yang Xiong &lt;yangcounty@gmail.com&gt;

Fri, Jan 17, 2025 at 9:33 AM

To: "Love. Suzanne" &lt;LoveSu@saccounty.gov&gt;, "Choy. Norman" &lt;choyna@saccounty.gov&gt;

Cc: Mary Xiong &lt;maryxiong19@yahoo.com&gt;, "McFarland. Dianne" &lt;MCFARD@saccounty.gov&gt;, "Ishola. Al-Ameen" &lt;isholaal@saccounty.gov&gt;, JohnsonJea@saccounty.gov

Good morning, Ms. Love and Mr. Choy.

I understand that you are often managing numerous requests and urgent matters; however, the impact of delays cannot be overlooked. The ALJ released the hearing order on January 2, 2025, and I brought this to your attention in my email on January 5, 2025. Please let me know if additional time is required to properly review and implement the ALJ's order. While I do not intend for my tone to come across as overly forceful, I must emphasize the frustration I have been experiencing since August 1, 2023, due to Sacramento County's ongoing failure to fulfill its obligations under the regulations and laws for my son.

I look forward to hearing from you soon.

Thank you.

Yang Xiong

[Quoted text hidden]



Yang Xiong &lt;yangcounty@gmail.com&gt;

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**Automatic reply: 1951916 K.X. IHSS hours & MediCal funding**

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**Love. Suzanne** <LoveSu@saccounty.gov>

Fri, Jan 17, 2025 at 3:51 PM

To: Yang Xiong &lt;yangcounty@gmail.com&gt;, "Choy. Norman" &lt;choyna@saccounty.gov&gt;

Cc: Mary Xiong &lt;maryxiong19@yahoo.com&gt;, "McFarland. Dianne" &lt;MCFARD@saccounty.gov&gt;, "Johnson. Jeannette" &lt;JohnsonJea@saccounty.gov&gt;

Good afternoon Mr. Xiong,

Thank you for your emails inquiring about the result of the hearing outcome issued 1/2/25. Please know that we have received the decision and are working to comply. We will be sure to follow up with you as soon as we are able to address the Administrative Law Judge's order.

Thank you,

Suzanne Love

IHSS Human Services Supervisor

DCFAS, County of Sacramento

Phone: 916-874-2018

Email: [lovesu@saccounty.gov](mailto:lovesu@saccounty.gov)

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**From:** Yang Xiong <[yangcounty@gmail.com](mailto:yangcounty@gmail.com)>**Sent:** Friday, January 17, 2025 9:34 AM**To:** Love. Suzanne <[LoveSu@saccounty.gov](mailto:LoveSu@saccounty.gov)>; Choy. Norman <[choyna@saccounty.gov](mailto:choyna@saccounty.gov)>**Cc:** Mary Xiong <[maryxiong19@yahoo.com](mailto:maryxiong19@yahoo.com)>; McFarland. Dianne <[MCFARD@saccounty.gov](mailto:MCFARD@saccounty.gov)>; Ishola. Al-Ameen <[isholaal@saccounty.gov](mailto:isholaal@saccounty.gov)>; Johnson. Jeannette <[JohnsonJea@saccounty.gov](mailto:JohnsonJea@saccounty.gov)>**Subject:** Re: Automatic reply: 1951916 K.X. IHSS hours & MediCal funding

**⚠ EXTERNAL EMAIL:** If unknown sender, **do not** click links/attachments. ⚠  
If you have concerns about this email, please report it via the Phish Alert button.

Good morning, Ms. Love and Mr. Choy.

I understand that you are often managing numerous requests and urgent matters; however, the impact of delays cannot be overlooked. The ALJ released the hearing order on January 2, 2025, and I brought this to your attention in my email on January 5, 2025. Please let me know if additional time is required to properly review and implement the ALJ's order. While I do not intend for my tone to come across as overly forceful, I must emphasize the frustration I have been experiencing



Yang Xiong <yangcounty@gmail.com>

**Automatic reply: 1951916 K.X. IHSS hours & MediCal funding**

Yang Xiong <yangcounty@gmail.com>

Fri, Jan 17, 2025 at 9:55 PM

To: "Love. Suzanne" <LoveSu@saccounty.gov>

Cc: "Choy. Norman" <choyna@saccounty.gov>, Mary Xiong <maryxiong19@yahoo.com>, "McFarland. Dianne" <MCFARD@saccounty.gov>, "Johnson. Jeannette" <JohnsonJea@saccounty.gov>

Thank you for acknowledging receipt of my emails and for providing the status update.

Yang Xiong

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Your assistance in ensuring these corrections are made would be greatly appreciated. I look forward to hearing from you regarding the next steps that would be taken.

Yang Xiong

On Tue, Oct 1, 2024 at 12:17 PM Ishola. Al-Ameen <isholaal@saccounty.gov> wrote:

Good Afternoon Mr. Xiong,



Yang Xiong &lt;yangcounty@gmail.com&gt;

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**Automatic reply: 1951916 K.X. IHSS hours & MediCal funding**

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Yang Xiong &lt;yangcounty@gmail.com&gt;

Fri, Jan 24, 2025 at 4:42 PM

To: "Love. Suzanne" &lt;LoveSu@saccounty.gov&gt;

Cc: "Choy. Norman" &lt;choyna@saccounty.gov&gt;, Mary Xiong &lt;maryxiong19@yahoo.com&gt;, "McFarland. Dianne" &lt;MCFARD@saccounty.gov&gt;, "Johnson. Jeannette" &lt;JohnsonJea@saccounty.gov&gt;

Hello,

Per **MPP Section 22-078.1**, "The county shall comply with all state hearing decisions immediately upon receipt, even if a request for a rehearing is made." Additionally, the county is required to submit a compliance report to the State Hearings Division within **30 days** of receiving the decision, detailing the actions taken to comply.

As of today, we are nearing the **30-day compliance deadline**. The decision was issued on **January 2, 2025**, and I provided a copy of the decision to the county on **January 5, 2025**. It is essential that this matter is resolved promptly to avoid further delays.

As previously mentioned, I do not want a repeat of past issues where incorrect actions were taken by the county. Your immediate clarification and confirmation of the county's intended course of action are necessary to ensure that the outstanding balance of **\$3,872.79** is appropriately claimed and issued without further delay.

Please respond with an update on the county's compliance status by **January 31, 2025** to avoid escalation.

Thank you.

Yang Xiong

[Quoted text hidden]



Yang Xiong &lt;yangcounty@gmail.com&gt;

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**Automatic reply: 1951916 K.X. IHSS hours & MediCal funding**

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**Love. Suzanne** <LoveSu@saccounty.gov>

Tue, Jan 28, 2025 at 9:55 AM

To: Yang Xiong &lt;yangcounty@gmail.com&gt;

Cc: "Choy. Norman" &lt;choyna@saccounty.gov&gt;, Mary Xiong &lt;maryxiong19@yahoo.com&gt;, "McFarland. Dianne" &lt;MCFARD@saccounty.gov&gt;, "Johnson. Jeannette" &lt;JohnsonJea@saccounty.gov&gt;

Good morning Mr. Xiong,

Thank you for your correspondence. A Hearing Compliance Notice of Action has been mailed to you on 1/22/25, in accordance with the ALJ decision. You should be receiving it this week.

Thank you,

Suzanne Love

IHSS Human Services Supervisor

DCFAS, County of Sacramento

Phone: 916-874-2018

Email: [lovesu@saccounty.gov](mailto:lovesu@saccounty.gov)

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**From:** Yang Xiong <yangcounty@gmail.com>**Sent:** Friday, January 24, 2025 4:43 PM**To:** Love. Suzanne <LoveSu@saccounty.gov>**Cc:** Choy. Norman <choyna@saccounty.gov>; Mary Xiong <maryxiong19@yahoo.com>; McFarland. Dianne <MCFARD@saccounty.gov>; Johnson. Jeannette <JohnsonJea@saccounty.gov>**Subject:** Re: Automatic reply: 1951916 K.X. IHSS hours & MediCal funding

**⚠ EXTERNAL EMAIL:** If unknown sender, **do not** click links/attachments. ⚠  
If you have concerns about this email, please report it via the Phish Alert button.

Hello,

Per **MPP Section 22-078.1**, "The county shall comply with all state hearing decisions immediately upon receipt, even if a request for a rehearing is made." Additionally, the county is required to submit a compliance report to the State Hearings Division within **30 days** of receiving the decision, detailing the actions taken to comply.



Yang Xiong &lt;yangcounty@gmail.com&gt;

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**Automatic reply: 1951916 K.X. IHSS hours & MediCal funding**

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Yang Xiong &lt;yangcounty@gmail.com&gt;

Tue, Jan 28, 2025 at 11:51 PM

To: "Love. Suzanne" &lt;LoveSu@saccounty.gov&gt;

Cc: "Choy. Norman" &lt;choyna@saccounty.gov&gt;, Mary Xiong &lt;maryxiong19@yahoo.com&gt;, "McFarland. Dianne" &lt;MCFARD@saccounty.gov&gt;, "Johnson. Jeannette" &lt;JohnsonJea@saccounty.gov&gt;

Dear Ms. Love,

Thank you for your response.

I have received the Notice of Action (NOA) dated January 22, 2025, which replaces the NOAs issued on September 11, 2024 and September 20, 2024, as directed by the Administrative Law Judge (ALJ). According to the NOA, Sacramento County asserts that it has complied with the ALJ's order through the September 26, 2024 payment. However, this payment does not account for the full back pay owed for the period of August 2023 through September 2024. As confirmed during the hearing—and substantiated by Yolanda Lewis and the check stubs submitted as evidence—the outstanding balance remains **\$3,872.79**.

Given that my child has now been correctly enrolled in the IHSS program (effective August 1, 2023) and a partial payment has been issued, I need clarification on how the remaining back pay will be processed. Specifically:

1. Will supplemental timesheets be made available through the IHSS Electronic Services Portal to allow my child's provider/mother to submit them for the remaining balance?
2. If not, will the County issue another special transaction to fulfill the outstanding amount?

I expect a prompt resolution to this matter, as the ALJ's order requires full compliance. Please provide a detailed response outlining the next steps and expected timeline for the remaining payment.

I appreciate your attention to this issue and look forward to your timely response.

Best Regards,

Yang Xiong

On Tue, Jan 28, 2025 at 9:55 AM Love. Suzanne <LoveSu@saccounty.gov> wrote:

Good morning Mr. Xiong,

Thank you for your correspondence. A Hearing Compliance Notice of Action has been mailed to you on 1/22/25, in accordance with the ALJ decision. You should be receiving it this week.

Thank you,

Suzanne Love

IHSS Human Services Supervisor

DCFAS, County of Sacramento

Phone: 916-874-2018

Email: [lovesu@saccounty.gov](mailto:lovesu@saccounty.gov)



Yang Xiong &lt;yangcounty@gmail.com&gt;

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**Automatic reply: 1951916 K.X. IHSS hours & MediCal funding**

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**Love, Suzanne** <LoveSu@saccounty.gov>

Wed, Jan 29, 2025 at 3:49 PM

To: Yang Xiong &lt;yangcounty@gmail.com&gt;

Cc: "Choy, Norman" &lt;choyna@saccounty.gov&gt;, Mary Xiong &lt;maryxiong19@yahoo.com&gt;, "McFarland, Dianne" &lt;MCFARD@saccounty.gov&gt;, "Johnson, Jeannette" &lt;JohnsonJea@saccounty.gov&gt;

Good afternoon Mr. Xiong,

Thank you for your email of 1/28/25. Below is the order found at the bottom of the decision document. You will note that the ALJ's decision stated the claim is granted ***"in part."*** The entirety of your claim was not granted. The County was to rescind the notices of 9/11/24 & 9/20/24 which was completed. The County was to authorize 227:16 hours/minutes per month effective 8/1/23 which was completed. The County was to place the child into CFCO effective 8/1/23 which was completed. The County was to "aid the claimant and child as otherwise eligible," which was completed with the Special Payment Transaction dated 9/26/24. Please note that pursuant to **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 decision are for the benefits owed to the recipient, not any payment, including overtime, to a provider.** If you have any questions regarding this policy, please contact the California Department of Social Services' Adult Programs Policy and Operations Bureau at (916) 651-5350.

**ORDER**

The claim is granted in part.

Sacramento County shall rescind the September 11, 2024, and September 20, 2024 Notices of Action; authorize the child 227:16 (hours: minutes) per month, effective August 1, 2023; place the child in the CFCO program effective August 1, 2023; and aid the claimant and child as otherwise eligible.

Thank you,

Suzanne Love

IHSS Human Services Supervisor

DCFAS, County of Sacramento

Phone: 916-874-2018

Email: [lovesu@saccounty.gov](mailto:lovesu@saccounty.gov)



Yang Xiong &lt;yangcounty@gmail.com&gt;

## Automatic reply: 1951916 K.X. IHSS hours & MediCal funding

Yang Xiong &lt;yangcounty@gmail.com&gt;

Thu, Jan 30, 2025 at 9:20 AM

To: "Love. Suzanne" &lt;LoveSu@saccounty.gov&gt;

Cc: "Choy. Norman" &lt;choyna@saccounty.gov&gt;, Mary Xiong &lt;maryxiong19@yahoo.com&gt;, "McFarland. Dianne" &lt;MCFARD@saccounty.gov&gt;, "Johnson. Jeannette" &lt;JohnsonJea@saccounty.gov&gt;

Dear Ms. Love,

Thank you for outlining Sacramento County's progress toward complying with the ALJ's January 2, 2025, directive. However, it appears the County remains out of full compliance. Although you indicated that my child was placed in the CFCO program as of August 1, 2023, with increased authorized hours, his provider still cannot claim these hours through the IHSS Electronic Portal. If the County's rationale for withholding e-timesheets is that it has already fulfilled back-payment obligations through the September 24, 2024, special transaction and that MPP Section 30-769.734 prohibits overtime payments, I must reiterate that this interpretation is incorrect.

Your reading of MPP Section 30-769.734 suggests that state hearing payments must be made solely to recipients, excluding overtime for providers. However, that section merely states, "When payment is made as a result of a state hearing decision," and does not bar overtime or require payment only to recipients.

SOCIAL SERVICES STANDARDS		
30-769 (Cont.)	SERVICE PROGRAM NO. 7: IN-HOME SUPPORT SERVICES	Regulations
30-769	PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)	30-769
.732	In direct payment cases, where a recipient is incapable of handling his/her financial and legal affairs and has a legal guardian or conservator, direct payment shall be made to the recipient's legal guardian or conservator at such person's request.	
.733	Payment may be made to a recipient's guardian, conservator, substitute payee, or person designated by the recipient.	
.734	When payment is made as a result of a state hearing decision.	
.735	If the recipient is severely impaired he/she shall be notified in writing of the right to hire and pay his/her own provider, and to receive his/her monthly cash payment in advance.	
.736	When direct payment is made to a recipient, guardian, conservator, or substitute payee, the provider shall be hired, supervised, and paid by such payee. In such cases, the recipient or the person authorized to act in the recipient's behalf shall insure that the services provider is capable of and is providing the services authorized.	
.737	It shall be the responsibility of the severely impaired recipient, legal guardian or conservator who receives payment in advance to submit their provider's time sheets at the end of each authorized service month to the appropriate county social services office.	

In fact, in September 2024—while attempting to comply with the September 4, 2024, ALJ directive—the County issued supplemental e-timesheets through the IHSS Electronic Portal, enabling my child's provider to claim overtime. This directly contradicts any assertion that overtime must be excluded or that payments can go only to recipients. Furthermore, MPP Section 30-769.73 specifically states, "Payments for authorized

services rendered shall be sent to the recipient's appropriate provider," which conflicts with the County's interpretation.

.7 Recipient Responsibility

- .71 It is the responsibility of the recipient to report to social services staff accurately and completely all information necessary to complete the SOC 311.
- .72 The recipient, within his/her physical, emotional, educational or other limitations, shall:
  - .721 Designate the authorized hours per provider within the total of the recipient's authorized hours.
  - .722 Designate each provider(s) portion of the share of cost.
  - .723 Sign and date the prescribed time sheet to:
    - (a) Verify payment of the share of cost to the appropriate provider(s).
    - (b) Verify that services authorized were rendered by the appropriate provider.
  - .724 Inform social services staff of any changes affecting the payrolling process.
- .73 **Payments for authorized services rendered shall be sent to the recipient's appropriate provider.**  
The recipient shall not receive payment for services except as provided in .731 through .734 below.
- .731 Severely impaired recipients as defined under Section 30-753, shall have the option of choosing to directly receive their payment at the beginning of each authorized month. Such payment shall be the net amount exclusive of the appropriate withholdings.

A thorough review of MPP Sections 30-769.7 through 30-769.737 shows that payments “may” (not “shall”) be directed to the recipient under certain circumstances, including state hearing decisions. Consequently, the County's claim that “the recipient shall receive payment for services when the payments are made as a result of a state hearing decision... not any payment, including overtime, to a provider” is not supported by these regulations. **Should another official source support the County's position, please make it available for my review.**

As a parent of an IHSS minor recipient, I have consulted with other families and advocates across California who have received back payments—including overtime—under similar circumstances. I respectfully request that Sacramento County fully comply with the ALJ's directive, consistent with other counties, by issuing all outstanding back payments and overtime, whether via a special transaction or supplemental e-timesheets.

If the County cannot fulfill this request, I may be forced to appeal the Notice of Action for a fourth time. While I remain confident in my position, given the ALJ's previous rulings in my favor, I prefer to avoid additional proceedings that would consume resources and reflect poorly on Sacramento County.

Thank you for your prompt attention to this matter. I look forward to your response.



Yang Xiong &lt;yangcounty@gmail.com&gt;

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**RE:1951916 K.X. IHSS hours & MediCal funding**

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**Love. Suzanne** <LoveSu@saccounty.gov>

Mon, Feb 3, 2025 at 8:17 AM

To: Yang Xiong &lt;yangcounty@gmail.com&gt;

Cc: "Choy. Norman" &lt;choyna@saccounty.gov&gt;, Mary Xiong &lt;maryxiong19@yahoo.com&gt;, "McFarland. Dianne" &lt;MCFARD@saccounty.gov&gt;, "Johnson. Jeannette" &lt;JohnsonJea@saccounty.gov&gt;

Good morning Mr. Xiong,

Thank you for your email of 1/30/25.

Due to your concern about overtime pay, we did confer with the California Department of Social Services (CDSS), and CDSS did confirm the county is citing the policy correctly. If you have further questions about overtime pay, please contact the CDSS Adult Programs Policy and Operations Bureau at (916) 651-5350.

Thank you,

Suzanne Love

IHSS Human Services Supervisor

DCFAS, County of Sacramento

Phone: 916-874-2018

Email: [lovesu@saccounty.gov](mailto:lovesu@saccounty.gov)

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**From:** Yang Xiong <[yangcounty@gmail.com](mailto:yangcounty@gmail.com)>**Sent:** Thursday, January 30, 2025 9:20 AM**To:** Love. Suzanne <[LoveSu@saccounty.gov](mailto:LoveSu@saccounty.gov)>**Cc:** Choy. Norman <[choyna@saccounty.gov](mailto:choyna@saccounty.gov)>; Mary Xiong <[maryxiong19@yahoo.com](mailto:maryxiong19@yahoo.com)>; McFarland. Dianne <[MCFARD@saccounty.gov](mailto:MCFARD@saccounty.gov)>; Johnson. Jeannette <[JohnsonJea@saccounty.gov](mailto:JohnsonJea@saccounty.gov)>**Subject:** Re: Automatic reply: 1951916 K.X. IHSS hours & MediCal funding

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If you have concerns about this email, please report it via the Phish Alert button.



Yang Xiong &lt;yangcounty@gmail.com&gt;

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**RE:1951916 K.X. IHSS hours & MediCal funding**

---

Yang Xiong &lt;yangcounty@gmail.com&gt;

Wed, Feb 5, 2025 at 9:17 AM

To: "Love. Suzanne" &lt;LoveSu@saccounty.gov&gt;

Cc: "Choy. Norman" &lt;choyna@saccounty.gov&gt;, Mary Xiong &lt;maryxiong19@yahoo.com&gt;, "McFarland. Dianne" &lt;MCFARD@saccounty.gov&gt;, "Johnson. Jeannette" &lt;JohnsonJea@saccounty.gov&gt;

Good morning, Ms. Love,

Thank you for your email of February 3, 2025, in which you confirmed that CDSS has verified the County's interpretation of MPP Section 30-769.734 and advised me to contact the CDSS Adult Programs Policy and Operations Bureau at (916) 651-5350 for further inquiries.

I attempted to contact them but was only able to reach voicemail, which is often the case. Given the likelihood of receiving no response or engaging in an extended phone tag, I do not believe I will be able to obtain the necessary clarification directly from CDSS. As an alternative, I would appreciate it if the County could provide me with the written regulation supporting its interpretation, as I have previously done in my correspondence.

I have conducted extensive research, and every MPP document I have found on the CDSS website aligns with my interpretation, not with the explanation provided by Ms. Lewis and yourself. This discrepancy is deeply concerning. Based on my understanding of regulations, the County is required to provide the specific regulation upon which its decision is based. To date, this has not been done. Instead, I have only received statements that appear to be interpretations rather than direct citations from official regulations.

I respectfully request that you provide the official source supporting your quotation of the regulation.

I appreciate your time and assistance and look forward to your response.

Thank you.

Yang Xiong

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Yang Xiong &lt;yangcounty@gmail.com&gt;

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**RE:1951916 K.X. IHSS hours & MediCal funding**

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**Love. Suzanne** <LoveSu@saccounty.gov>

Fri, Feb 7, 2025 at 2:52 PM

To: Yang Xiong &lt;yangcounty@gmail.com&gt;

Cc: "Choy. Norman" &lt;choyna@saccounty.gov&gt;, Mary Xiong &lt;maryxiong19@yahoo.com&gt;, "McFarland. Dianne" &lt;MCFARD@saccounty.gov&gt;, "Johnson. Jeannette" &lt;JohnsonJea@saccounty.gov&gt;

Good afternoon Mr. Xiong,

As mentioned in prior correspondence, we respectfully request that you contact CDSS Adult Programs Policy and Operations Bureau for any further questions you may have about this matter. You may reach them at (916) 651-5350.

All further inquiries will be redirected to CDSS.

Thank you,

Suzanne Love

IHSS Human Services Supervisor

DCFAS, County of Sacramento

Phone: 916-874-2018

Email: [lovesu@saccounty.gov](mailto:lovesu@saccounty.gov)

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**From:** Yang Xiong <[yangcounty@gmail.com](mailto:yangcounty@gmail.com)>

**Sent:** Wednesday, February 5, 2025 9:18 AM

**To:** Love. Suzanne <[LoveSu@saccounty.gov](mailto:LoveSu@saccounty.gov)>

**Cc:** Choy. Norman <[choyna@saccounty.gov](mailto:choyna@saccounty.gov)>; Mary Xiong <[maryxiong19@yahoo.com](mailto:maryxiong19@yahoo.com)>; McFarland. Dianne <[MCFARD@saccounty.gov](mailto:MCFARD@saccounty.gov)>; Johnson. Jeannette <[JohnsonJea@saccounty.gov](mailto:JohnsonJea@saccounty.gov)>

**Subject:** Re: 1951916 K.X. IHSS hours & MediCal funding

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If you have concerns about this email, please report it via the Phish Alert button.

Good morning, Ms. Love,

[Quoted text hidden]