

Note: This notice relates ONLY to your Social Services.  
**KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.**

YOUR  
IHSS  
OFFICE  
CALIFORNIA DEPT. OF SOCIAL SERV  
ATTN: APD -- CONLAN UNIT  
744 P STREET, MS 19-96  
SACRAMENTO CA 95814-6413

**IF REQUESTING A STATE HEARING, PLEASE SEND TO:**  
STATE HEARINGS DIVISION  
CALIFORNIA DEPT OF SOCIAL SERV  
744 P STREET, MS 19-97  
SACRAMENTO CA 95814-6413

CASE NUMBER

DATE MAILED

The following action(s) is supported by Federal Law (Social Security Act), State Law (Welfare and Institutions Code), Federal Regulations (Code of Federal Regulations), State Regulations (California Administrative Code and California Department of Social Services Manual of Policies and Procedures) and Court Order:

As of October 1, 2009, because of a state law change [amendment of welfare and institutions code (WIC) section 12305.1] the state-funded pre-payment of MRE that the State has been making for your toward meeting your Medi-Cal Share of Cost will be terminated. You will be responsible to pay the full Medi-Cal Share of Cost that is indicated on your Medi-Cal Notice of Action. When your IHSS provider submits their timesheets, any remaining Medi-Cal Share of Cost you owe is deducted from their paycheck and you and your provider each receive a letter informing you how much you must pay your provider.

Since this termination is the result of a change in State law, it cannot be appealed through a State Hearing.

If you need assistance with translation of this notice, or if you have any questions or think additional facts should be considered, please contact the California Department of Social Services at 1-877-508-1327.

YOU HAVE THE RIGHT TO FILE A WRITTEN OR ORAL REQUEST FOR A STATE HEARING. PLEASE SEND YOUR WRITTEN REQUEST TO THE DEPARTMENT'S ADDRESS ON THE TOP RIGHT CORNER OF THIS FORM.

**PLEASE SEE REVERSE SIDE OF THIS NOTICE FOR FURTHER DETAILS**