



CDSS

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GOVERNOR

November 1, 2012

ALL COUNTY LETTER NO. 12-55

TO: ALL COUNTY WELFARE DIRECTORS
IN-HOME SUPPORTIVE SERVICES PROGRAM MANAGERS

SUBJECT: NEW AND REVISED RECIPIENT AND PROVIDER FORMS,
NOTICE OF ACTION TEMPLATES, AND NOTICE OF ACTION
MESSAGES FOR USE WITH CASE MANAGEMENT,
INFORMATION & PAYROLLING SYSTEM II (CMIPS II)

REFERENCE: ACL NO. 98-86, DATED OCTOBER 30, 1998

<u>Reason For This Transmittal</u>	
<input type="checkbox"/>	State Law Change
<input type="checkbox"/>	Federal Law or Regulation Change
<input type="checkbox"/>	Court Order or Settlement Agreement
<input type="checkbox"/>	Clarification Requested by one or More Counties
<input checked="" type="checkbox"/>	Initiated by CDSS

This All County Letter (ACL) provides counties with information regarding three new forms for use with the Case Management, Information & Payrolling System II (CMIPS II) that are currently available for use by all counties immediately as well as new Notice of Action (NOA) templates and messages for use with CMIPS II that may only be used by those counties currently active on the system. The information within this ACL includes the purpose of each form, notice, and message and how it will be used within CMIPS II.

NEW FORMS

The new forms discussed below may be found in Attachment A.

IHSS Recipient Request for Assignment of Authorized Hours to Providers (SOC 838)

This form was developed for those recipients with multiple providers to assign a specific number of authorized hours to each provider based on the needs of the recipient. The county/Public Authority (PA)/Non-Profit Consortium (NPC) does not have the authority to schedule hours to any provider on behalf of the recipient unless requested by the recipient or his or her authorized representative to do so. For each individual provider assigned to the recipient, the SOC 838 must be completed by the recipient or his or her authorized representative and submitted to the county/PA/NPC to schedule the specific number of authorized hours that provider is permitted to work. Once the form has been received, the county/PA/NPC must place a copy of the form in the recipient file and

send a copy to the recipient for his or her own records. Timesheets for providers with assigned hours on a specific recipient case will not be processed for more hours than are indicated on this form. If the recipient wishes to change the assigned hours for his or her providers, the recipient or his or her authorized representative must submit a new SOC 838 form specifying how the hours are to be allocated amongst their providers. The hours indicated on this form must match the assigned hours on the recipient case in CMIPS II at all times.

IHSS Recipient Time Sheet Signature Authorization (SOC 839)

This form designates an individual as the authorized signatory on behalf of a particular recipient for the timesheets for any provider working for that recipient. If an individual is the authorized representative of a recipient, he or she would not automatically be designated as a timesheet signatory and would have to be designated as such by the recipient through the completion of this form. The recipient may also designate his or her social worker as his or her timesheet signatory provided that the supervisor of the social worker is consulted and documents his or her approval of the request each time it is made (pursuant to ACL 98-86). The authority of the designated individual is restricted only to that of timesheet signatory, and his or her authority to sign can be terminated at any time at the request of the authorizing recipient. The recipient cannot assign the provider as the timesheet signatory because of conflict of interest.

IHSS Provider or Recipient Change of Address and/or Telephone (SOC 840)

This form allows the provider or recipient to inform the county of any change of address and/or telephone number. As required under State Regulations 30-760.16 and IHSS provider enrollment requirements, it is the responsibility of the provider and recipient to inform the county of any change of address and/or telephone number in order to properly process all required IHSS documentation, including accurate and timely processing and distribution of paychecks. Additionally, PA's and NPC's that have been delegated by the county to process provider documents may use the SOC 840 to change the provider's address or telephone number. This form is required to be completed by providers. The form is optional for recipients if the address or telephone number change has been documented by a social worker during a reassessment.

NOA TEMPLATES AND NOA MESSAGES

The NOA templates and messages addressed in this ACL (and found in Attachment B) have been developed specifically for use with CMIPS II. Due to time constraints placed on CDSS due to implementation of the design phase of the CMIPS II project, stakeholder input into the development of the NOA templates and messages used in CMIPS II was extremely limited. Once all 58 counties have been migrated into the

CMIPS II system, CDSS intends to once again seek stakeholder input in the review and revision of all CMIPS II forms, NOA templates, and NOA messages

The new NA form templates have been designed to replace the existing NA 690 (IHSS Notice of Action). These forms cover the four major actions for which a recipient would receive a notice of action (approval, denial, change, termination) as well as covering share of cost and miscellaneous actions.

Training and instructions regarding the CMIPS II system and how these NOA templates and messages will be integrated into the system will be provided to each county/PA/NPC as it becomes active on CMIPS II.

Notice of Action—IHSS Approval (NA 1250)

This notice informs the recipient that his or her application for IHSS has been approved and details the total number of IHSS hours the recipient is authorized to receive for specified services (including domestic services, non-medical personal services, and paramedical services) adjusted by factors such as shared-living arrangements and refused services. This notice is prepared by the county/PA/NPC social worker based on information gathered during the assessment home visit.

Notice of Action—IHSS Denial (NA 1252)

This notice informs the applicant recipient that his or her application for IHSS has been denied. The county/PA/NPC social worker will use specified written NOA messages to detail the reason(s) for denial of services. This notice also provides the applicant recipient with information on how to appeal the denial.

Notice of Action—IHSS Change (NA 1253)

This notice informs the recipient of any changes to his or her authorized hours or services based on a county/PA/NPC social worker's reassessment of the recipient's needs. The notice will detail whether the changes involve an increase or decrease in authorized hours due to the addition or removal of an authorized service and/or from what specific authorized services these hours will be added or removed. The notice also provides the recipient with information on how to appeal any of the changes made in his or her hours or services.

Notice of Action—Continuation Pages (NA 1251/1254)

The continuation notice is used by the county/PA/NPC to document and transmit any additional written NOA messages to the recipient regarding his or her approval (NA 1251) or change (NA 1254) of IHSS authorized hours or services.

Notice of Action—IHSS Termination (NA 1255)

This notice informs the recipient of the decision by the county/PA/NPC to terminate his or her IHSS eligibility. The notice details the date of termination and provides specific written NOA messages detailing the reason(s) for termination. The notice also provides the recipient with information on how to appeal the termination.

Notice of Action—IHSS Share of Cost (NA 1256)

This notice informs the recipient about the calculation used by the county/PA/NPC to determine his or her share of the cost for his or her IHSS based on his or her countable income and SSI/SSP benefits. The notice is also used to communicate any additional written NOA messages regarding the IHSS share of cost. The notice also provides the recipient with information on how to appeal the share of cost determination.

Notice of Action—IHSS Multi-Purpose (NA 1257)

This notice will be used by the county/PA to communicate any miscellaneous written NOA message(s) to a recipient or applicant recipient. The notice also provides the recipient/applicant recipient with information on how to file an appeal if any action detailed on this notice is incorrect or could result in a change or termination of IHSS.

The NOA messages in Attachment C have been created to fit most circumstances for the major actions designated above. Additionally, the system has been designed with the capability to allow any county/PA/NPC to create individualized NOA messages to fit specific circumstances.

The NOA messages in Attachment C are categorized by title of the NOA message which describes the action being taken, followed by the message text and the template form that is used to communicate the message. Examples of these NOA messages include:

- Approval messages, such as the Final Approval of Prior Provisional Approval or Advance Payment notifications;
- Denial messages, such as Denial notifications related to citizenship, non-California residency, or living arrangements (i.e. not living in your own home);
- Change messages, such as increase or decrease of hours due to services provided by an alternate resource or transfer to a new program;
- Termination messages, such as refusal to provide fingerprints for identity verification or death of recipient;
- Multipurpose/miscellaneous messages, such as withdrawal of IHSS application or temporary ineligibility due to hospitalization.

CAMERA READY COPIES AND TRANSLATIONS

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain these forms from the CDSS webpage at <https://www.cdss.ca.gov/inforesources/forms-brochures>.

When all translations are completed per Manual of Policies and Procedures (MPP) Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at <https://www.cdss.ca.gov/inforesources/translated-forms-and-publications>.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the [GEN 1365-Notice of Language Services](#) and a local contact number.

EFFECTIVE DATE

The policies being implemented through this ACL will be effective and apply to all county/PA/NPC IHSS offices as those offices become active on CMIPS II.

Should you have any questions regarding this ACL, please contact the Adult Programs Policy and Operations Bureau at (916) 651-5350.

For questions relating specifically to CMIPS II implementation or systems programming of these forms and notices, please contact the Fiscal and Systems Bureau office at (916) 651-1069.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

Attachments

The forms originally included with this letter are outdated and has been removed. To access the current version of these forms, click the following links:

[SOC 838—IHSS Recipient Request for Assignment of Authorized Hours to Providers](#)

[SOC 839—IHSS Recipient Time Sheet Signature Authorization](#)

[SOC 840—IHSS Provider or Recipient Change of Address and/or Telephone](#)

[NA 1250—Notice of Action—IHSS Approval](#)

[NA 1251—Notice of Action—IHSS Approval \(Continued\)](#)

[NA 1252—Notice of Action—IHSS Denial](#)

[NA 1253—Notice of Action—IHSS Change](#)

[NA 1254—Notice of Action—IHSS Change \(Continued\)](#)

[NA 1255—Notice of Action—IHSS Termination](#)

[NA 1256—Notice of Action—IHSS Share of Cost](#)

[NA 1257—Notice of Action—IHSS Multipurpose](#)

ATTACHMENT C—NEW NOTICE OF ACTION (NOA) MESSAGES FOR CMIPS II

Title	Message Text	Form & Comments
<p>Provisional - Pending Disability/ Blindness/ Medi-Cal Eligibility Determination</p>	<p>As of MMDDYYYY, you can get In-Home Supportive Services temporarily while it is being determined if you are disabled and /or blind (MPP 30-759.3) and/or eligible for Medi-Cal (W&IC 14132.951(d)(1) & (2)).</p> <p>If you are determined to be disabled or blind and that you need ongoing services, you will continue to get IHSS as long as you are otherwise eligible.</p> <p>If it is determined you are not disabled or blind your services will stop and you may have to pay back any money we paid for services you received.</p> <p>If you are determined eligible for Medi-Cal, you will receive a notice from Medi-cal and you will get IHSS under the PCSP or IPO program.</p> <p>If you are not eligible for Medi-Cal, you may be able get IHSS under the IHSS Residual program.</p> <p>You will get another Notice of Action telling you about your final IHSS eligibility.</p>	<p>NA 1250 (APPROVAL) If necessary, spillover to NA 1251 (APPROVAL CONTINUATION) NA 1254 (CHANGE CONTINUATION)</p>
<p>Final Approval of Prior Provisional Approval</p>	<p>You have been getting In-Home Supportive Services (IHSS) on a temporary basis. You have now been determined disabled or blind. If you meet all of the other eligibility criteria, you will continue to get IHSS through the following program:</p> <p>system select one of the following Funding Program:</p> <ul style="list-style-type: none"> • IHSS Plus Option (IPO) Program (W&IC 14132.952) • Personal Care Services Program (PCSP) (MPP 30-780) • In-Home Supportive Services-Residual (IHSS-R) Program (MPP 30-755.1) 	<p>NA 1250 (APPROVAL) If necessary, spillover to NA 1251 (APPROVAL CONTINUATION)</p>
<p>Application Previously Denied in Error</p>	<p>On MMDDYYYY, we sent you a Notice of Action telling you that you could not get In-Home Supportive Services (IHSS). That Notice was sent in error.</p> <p>Your application date of MMDDYYYY, will be restored and you will be contacted by a County Social Worker.</p>	<p>NA 1257 (MULTIPURPOSE)</p>

Title	Message Text	Form & Comments
Advance Payment	<p>As requested you will receive payment in advance for you IHSS Service as of MMDDYYYY. (MPP 30-769.731)</p> <p>After receiving IHSS services for a year, you may request your advance payment be made by direct deposit to your bank account. To request direct deposit contact the IHSS direct deposit help desk at <i>[HP Help Desk Phone Number]</i>.</p>	<p>NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)</p>
Advance Payment Qualified	<p>Because you meet the program rules that define severely impaired as a combined total of 20 hours per week of Personal Care, Paramedical and Meal Preparation and Clean-up services, you may request advance payment for your IHSS Services by contacting your social worker. (MPP 30-769.731)</p>	<p>NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)</p>
Advance Payment – Termination –No longer qualify	<p>As of MMDDYYYY you can no longer get advance payment for the value of your IHSS services. Here’s why: You are no longer severely impaired based on program rules of a combined total of 20 per week of Personal Care, Paramedical and Meal Preparation and Clean-up. (MPP 30-769.731) Your provider will not get paid by the IHSS Program unless they submit timesheets twice per month reporting their time worked. If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled.</p>	<p>NA 1254 (CHANGE CONTINUATION)</p>
Advance Payment Termination – Recipient Request	<p>As of MMDDYYYY you will no longer get an advance payment for the value of your IHSS services. Here’s why: You asked to have the payment cancelled. Your provider will need to turn in timesheets approved by you twice a month in order to get paid for the work they do for you. If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. (MPP 30-769.731)</p>	<p>NA 1254 (CHANGE CONTINUATION)</p>

Title	Message Text	Form & Comments
Advance Payment – Termination- Reconciling timesheets not submitted in 90 days	<p>As of MMDDYYYY your advance payment status will be cancelled. Here’s why:</p> <p>Timesheets totaling the amount of hours used to calculate your advance payment have not been received in the 90 days since the advance payment was issued to you. (MPP 30-767.133(b))</p> <p>Now your provider will be paid in arrears. They must submit timesheets that have been approved by you, at the end of each pay period in order to get paid.</p> <p>If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled.</p>	NA 1254 (CHANGE CONTINUATION)
Advance Payment – Termination- Did not pay provider timely	<p>As of MMDDYYYY you will no longer get an advance payment for the value of your IHSS services. Here’s why:</p> <p>You did not pay your provider on time. When you receive advance payment you must pay your provider(s) in a timely manner. (MPP 30-767.133 (c))</p> <p>If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled.</p>	NA 1254 (CHANGE CONTINUATION)
Advance Payment – Termination- Incorrect use of payment	<p>As of MMDDYYYY you will no longer get an advance payment for the value of your IHSS services. Here’s why:</p> <p>You used your payment for something other than authorized services. When you receive advance payment, you cannot use your payment for anything other than authorized services. (MPP 30-767.133 (a))</p> <p>If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled.</p>	NA 1254 (CHANGE CONTINUATION)
Auth to Purchase – Alternative Resource decreased hours	<p>As of MMDDYYYY, the hours of IHSS you get are increased. Here’s why:</p> <p>You told us that some or all of the following services are no longer being provided to you through an Alternative Resource: (MPP 30-763.6)</p> <p>List all services that apply.</p>	NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)

Title	Message Text	Form & Comments
Alternative Resource – First Authorization that recipient receiving services from Alternative Resource	The hours of IHSS you get are decreased. Here’s why: You told us that some of all of each of the following services are being provided to you by an alternative resource at no cost to you: List all services which apply: If you stop receiving these services through this alternative resource please contact your social worker. (MPP 30-763.6)	NA 1250 (APPROVAL) If necessary, spillover to NA 1250 APPROVAL CONTINUATION) NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)
Auth to Purchase – Alternative Resource increased hours	As of MMDDYYYY, the hours of IHSS you get are decreased. Here’s why: You told us that additional amounts of each of the following services are now being provided to you through an Alternative Resource: (MPP 30-763.6) List all services which apply:	NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)
Request for additional assistance	You requested additional assistance. In an assessment done on MMDDYYYY, your social worker found that your current ## hours and ## minutes meet your needs with no substantial risk to your safety. (MPP 30-761.2)	NA 1250 (APPROVAL) *May need to inform the recipient of the authorized services/hours again even if there is no change so as to document that a determination has been made. NA 1254 (CHANGE CONTINUATION)
Denial – SSI Board & Care Rate	The County has denied your application for In-Home Supportive Services (IHSS). Here’s why: You live in a relative’s home and you get the board and care rate in your payment from Social Security. (MPP 30-701(o)(2), MPP 30-755.1, MPP 46-140.11(b))	NA 1252 (DENIAL)
Denial – Citizenship	The County has denied your application for In-Home Supportive Services (IHSS). Here’s why: You are an alien not lawfully admitted for permanent residence in the U.S. (MPP 30-770.4)	NA 1252 (DENIAL) Subject to MEDS Interface changes

Title	Message Text	Form & Comments
Denial – Non-California Residency	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You do not have State of California residency. (MPP 30-774.4)	NA 1252 (DENIAL)
Denial – Not in own home	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You do not live in your own home. (MPP 30-701(o)(2), MPP 30-755.1)	NA 1252 (DENIAL)
Denial – Whereabouts unknown	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You have not told the county where you are currently living. (MPP 30-701(o)(2), MPP 30-755.21, MPP 30-760.1)	NA 1252 (DENIAL)
	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You are in a hospital and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	NA 1252 (DENIAL)
	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You are in an intermediate care facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	NA 1252 (DENIAL)
	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You are in a skilled nursing facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	NA 1252 (DENIAL)
	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You are in a community care facility and have no plan for returning home. (MPP 30-701(o), MPP 30-755.1)	NA 1252 (DENIAL)
Denial – Not 65, Blind or Disabled	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You are not 65 or older, blind, or disabled. (MPP 30-771.25)	NA 1252 (DENIAL)
Refuse to Pay Share of Cost	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: Your application was assessed under the IHSS Residual program and you told us that you would not pay your IHSS Share of Cost. (MPP 30-755.233(d))	NA 1252 (DENIAL)

Title	Message Text	Form & Comments
Denial – No Assessed Need	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You do not need any services to safely stay in your home. (MPP 30-761)	NA 1252 (DENIAL)
Denial – Share of Cost Exceeds Need – IHSS-R	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: Your application was assessed under the IHSS Residual program, and Your IHSS Share of Cost is more than the cost of your IHSS services. The Share of Cost is the amount you must pay from your own pocket toward your services. Your Share of Cost is \$####.##. Your IHSS service cost is \$####.## (W&IC 12304.5) See the attached "share of cost" page for information on how your share of cost was calculated. (W&IC 12304.5)	NA 1252 (DENIAL)
Denial – Need met through Alternate Resources/ Voluntary Services / Refused Services	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: All of your Individual Assessed Needs are being met through Alternative Resources, Voluntary Services or you have Refused Services. (MPP 30-763.6, MPP 30-009.213) (System display list of services)	NA 1252 (DENIAL)
Denial – Death	To the estate of RECIPIENT FULL NAME. The County has been notified of MMDDYYYY as the date of death of RECIPIENT FULL NAME; therefore the application for IHSS services has been denied.	NA 1252 (DENIAL)
Denial – Did not provide adequate information	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You did not tell us enough information to determine if you can get services. (MPP 30-760.1)	NA 1252 (DENIAL)
Denial - Non-Compliance with Medi-Cal Eligibility	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: The IHSS program has been informed that you did not provide Medi-Cal with the required information to complete a Medi-Cal eligibility determination which is a requirement for IHSS eligibility. See your Medi-Cal notice for further information.	NA 1252 (DENIAL)
Application Withdrawn – Recipient Request	On MMDDYYYY, you asked to withdraw your application for In-Home Supportive Services (IHSS). If you change your mind you can submit a new application. (MPP 30-009.213)	NA 1257 (MULTIPURPOSE)

Title	Message Text	Form & Comments
Denial- IHSS- R Excess Resource	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You cannot get IHSS because you have more personal/real property than allowed under SSI/SSP rules. (MPP 30-773)	NA 1252 (DENIAL)
Application Denied – Invalid SSN	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: The Social Security Number you provided was invalid.	NA 1252 (DENIAL)
Application Denied – Duplicate SSN	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: The Social Security Number you provided has been determined to belong to someone else.	NA 1252 (DENIAL)
Denial – Medical Certification	You did not provide the county with a medical certification as required to authorize services. (WIC 12309.1)	NA 1252 (DENIAL)
Free-Form Text NOA	The NOA Text will be printed exactly as keyed by the user. There are no spell-check capabilities and the field is limited to 200 characters as indicated in the DSD	NA 1251 (APPROVAL CONTINUATION) NA 1254 (CHANGE CONTINUATION) NA 1257 (MULTIPURPOSE) NA 1252 (DENIAL) NA 1255 (TERMINATION)
Fingerprint Exemption "Refused" on Initial Assessment	The County has denied your application for In-Home Supportive Services (IHSS). Here's why: You refused to provide your fingerprint for purposes of verifying your identity which is a requirement of the IHSS program (W&IC 12305.73 (a)).	NA 1252 (DENIAL)
Fingerprint Exemption "Refused" on Assessment other than Initial Assessment	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You refused to provide your fingerprint for purposes of verifying your identity which is a requirement of the IHSS program (W&IC 12305.73 (a)).	NA 1255 (TERMINATION)

Title	Message Text	Form & Comments
Funding Source Approval	<p>As of MMDDYYYY, you are approved for In-Home Supportive Services through the following program: system select one of the following Funding Programs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> IHSS Plus Option (IPO) Program (W&IC 14132.952) <input type="checkbox"/> Personal Care Services Program (PCSP) (MPP 30-780) <input type="checkbox"/> In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) 	NA 1250 (APPROVAL)
Transfer to new Program	<p>As of MMDDYYYY, you will no longer get In-Home Supportive Services through the system select one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> IHSS Plus Option (IPO) Program (W&IC 14132.952) <input type="checkbox"/> Personal Care Services Program (PCSP) (MPP 30-780) <input type="checkbox"/> In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) <p>You will now get IHSS through the system select one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> IHSS Plus Option (IPO) Program (W&IC 14132.952) <input type="checkbox"/> Personal Care Services Program (PCSP) (MPP 30-780) <input type="checkbox"/> In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) 	NA 1253 (CHANGE)
Reason for Transfer from PCSP to IPO	<p>You will get services from the IPO Program because you: system select all of the following that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Get advance payments <input type="checkbox"/> Get Restaurant meal allowance <input type="checkbox"/> Get services from your spouse <input type="checkbox"/> You are a child under the age of 18 and get services from your parent. <p>(MPP 30-785)</p>	NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)

Title	Message Text	Form & Comments
Reason for Transfer from IPO to PCSP	<p>You will get services from the PCSP Program because you: system select all of the following that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No longer get advance payments <input type="checkbox"/> No longer get Restaurant meal allowance <input type="checkbox"/> No longer get services from your spouse <input type="checkbox"/> No longer are a child under the age of 18 and you getting services from your parent. <p>(MPP 30-780, MPP 30-785)</p>	<p>NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)</p>
Reason for Transfer from PCSP/IPO to IHSS-R	<p>You will get services from the IHSS-R Program because you: No longer receive Medi-Cal with federal financial Participation (FFP) (W&IC 14132.951)</p>	<p>NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)</p>
Reason for Transfer from IHSS-R to PCSP	<p>You will get services from the PCSP Program because you: Now receive Medi-Cal with Federal Financial Participation (FFP) (W&IC 14132.951)</p>	<p>NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)</p>
Reason for Transfer from IHSS-R to IPO	<p>You will get services from the IPO Program because you: Now receive Medi-Cal with federal financial Participation (FFP) and system select all of the following that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Get advance payments <input type="checkbox"/> Get Restaurant meal allowance <input type="checkbox"/> Get services from your spouse <input type="checkbox"/> You are a child under the age of 18 and get services from your parent. <p>(MPP 30-785)</p>	<p>NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)</p>
Service Hours increase due to funding source change	<p>Your hours of service are increased. Here's why: You now receive your services from the PCSP program. If you go back to IPO or IHSS-R program your services may be decreased.(W&IC 14132.95(g))</p>	<p>NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)</p>
Service Hours decrease due to funding source = IHSS-R	<p>Your hours of service are decreased. Here's why: You are no longer eligible for the PCSP program. The IHSS-R program maximum hours for non-severely impaired is 195 hours a month. (MPP 30-765; W&IC 12303.4(a)(1) & (2), 12303.4(b)(1) &(2))</p>	<p>NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)</p>

Title	Message Text	Form & Comments
Service Hours decrease due to funding source = IPO	Your hours of service are decreased. Here's why: You are no longer eligible for the PCSP program. The IPO program maximum hours for non-severely impaired is 195 hours a month. (W&IC 14132.952)	NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)
Service Hours unchanged funding source = IPO to PCSP	As of MMDDYYYY, your eligibility will change from the IPO program to the PCSP program. The PCSP maximum hours allowed are 283. (W&IC 14132.95)	NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)
Service Hours unchanged funding source = IHSS-R to PCSP	As of MMDDYYYY, your eligibility will change from the IHSS-R program to the PCSP program. The PCSP maximum hours allowed are 283. (W&IC 14132.95)	NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)
Auth to Purchase No Change	On MMDDYYYY a reassessment of your needs was done. There has been no change to your previous authorization of hours. (MPP 30-761.2)	NA 1253 (CHANGE) *May need to inform the recipient of the authorized services/hours again even if there is no change so as to document that a determination has been made.
Auth to Purchase No Change – Change to some Service Types	On MMDDYYYY a reassessment of your needs was done. There has been a change to authorized hours for some service types which is detailed in other messages. There has been no change to your previous total monthly authorization of hours. (MPP 30-761.2)	NA 1253 (CHANGE)
Assessed Hours increase	As of MMDDYYYY, the hours of IHSS you get are increased. Here's why: The reassessment of your needs done on MMDDYYYY found that your condition has changed and/or that you now need additional assistance in the these areas: (MPP 30-756, MPP 30-757, MPP 30-761, MPP 30-763) List all services which apply:	NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)

Title	Message Text	Form & Comments
Assessed Hours decrease	<p>As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why: The reassessment of your needs done on MMDDYYYY found that your condition has changed and/or that you now need less assistance in the these areas: (MPP 30-756, MPP 30-757, MPP 30-761, MPP 30-763) List all services which apply:</p>	<p>NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)</p>
Legislative Mandate	<p>As a result of a new state law your total monthly authorized hours of HHH:MM have been reduced by 3.6 percent% to HHH:MM (W&IC 12301.06)</p> <p>Your total authorized hours will be reduced by 3.6 percent.%. Here's why:</p> <p>A new state law, Section 12301.06 of the Welfare and Institution Code, requires the California Department of Social Services to reduce every IHSS recipients total authorized hours by 3.6 percent% effective February 1, 2011. For those recipients who have a documented unmet need, excluding protective supervision, the 3.6 percent% reduction will be taken first from the documented unmet need.</p> <p>The new law allows you to choose how this reduction to your total authorized hours is applied toward each of your personal care services authorized on the front of the Notice of Action.</p> <p>The 3.6 percent% reduction will remain in effect and be applied to each of your reassessments until June 30, 2012. On July 1, 2012 your authorized service hours will be restored to your full authorized level, based on your most recent assessment.</p> <p>Your hearing rights are included on the back of your notice of action. However there is no right to a state appeal when the only issue is a state law requiring an adjustment in service hours.</p> <p>If you do not understand or have questions regarding this notice please contact your county IHSS office.</p>	<p>NA 1250 (APPROVAL) If necessary, spillover to NA 1251 (APPROVAL CONTINUATION) NA 1254 (CHANGE CONTINUATION)</p>

Title	Message Text	Form & Comments
Not Currently Residing in Own Home – Temporarily Hospitalized	As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here’s why: You are hospitalized. (MPP 30-701(o)(2), MPP 30-755.1) You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.	NA 1257 (MULTIPURPOSE)
Not Currently Residing in Own Home – Temporarily in SNF	As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here’s why: You are staying in a skilled nursing facility. (MPP 30-701(o)(2), MPP 30-755.1) You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.	NA 1257 (MULTIPURPOSE)
Not Currently Residing in Own Home – Temporarily in ICF	As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here’s why: You are staying in an intermediate care facility. (MPP 30-701(o)(2), MPP 30-755.1) You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.	NA 1257 (MULTIPURPOSE)
Not Currently Residing in Own Home – Temporarily in CCF	As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here’s why: You are staying in a community care facility. (MPP 30-701(o)(2), MPP 30-755.1) You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.	NA 1257 (MULTIPURPOSE)
Resources Disposed of for Less Than Fair Market Value	As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here’s why: You sold, donated, transferred or otherwise disposed of your property and/or other resources for less than it was worth (fair market value). You cannot get IHSS for the period MMDDYYYY through MMDDYYYY. (MPP 30-773)	NA 1257 (MULTIPURPOSE)

Title	Message Text	Form & Comments
Out of State for More Than 6 Months	As of MMDDYYYY, your IHSS eligibility will be suspended and you can no longer get In-Home Supportive Services (IHSS) because you will have been out of state for longer than six months. You cannot get IHSS until you return to California and a reassessment of your needs has been completed. (MPP 30-770.45)	NA 1257 (MULTIPURPOSE)
Mode of Service –County Contract	You will be receiving all or some of your IHSS services through the county contract service agency. You will be contacted by the service agency to schedule the days that services will be provided. (MPP 30-767)	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)
Mode of Service- County Homemaker	All or some of your IHSS services will be provided by a county homemaker. You will be contacted by the county homemaker to schedule the days that services will be provided. (MPP 30-767)	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)
Mode of Service- Individual Provider	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)	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)
Heavy Cleaning (1 month)	Beginning MMDDYYYY you get ### hours and ## minutes of heavy cleaning services for one month because a recent assessment showed that your home needs thorough cleaning to remove excessive debris or dirt which is a hazard to your safety, or because you are at risk of eviction for failing to prepare your home for necessary pest control treatment. These hours are allowed for one month only. (MPP 30-757.12)	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)
Yard Hazard Abatement (1 month)	Beginning MMDDYYYY you get ### hours and ## minutes for yard hazard abatement for one month because these substances pose a fire/safety hazard. These hours are allowed for one month only. (MPP 30-757.161)	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)

Title	Message Text	Form & Comments
Ice and Snow Removal	As of MMDDYYYY, you can get ### hours, ## minutes for removal of ice and snow from entrances and walkways around your home where they pose a hazard to your safety. Ice and snow removal are available only for a limited time and only during icy and snowy weather. (MPP 30-757.162)	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)
Teaching & Demonstration (3 month)	As of MMDDYYYY you get ### hours and ## minutes of teaching and demonstration services for _ months. The following month, your hours will be decreased to ### hours and ## minutes.	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)
Denial – Paramedical Services	You cannot get paramedical services. (MPP 30-757.19)	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)
Paramedical	We are unable to make a determination on your request for paramedical services at this time because we have not received enough information to complete the assessment of your need to paramedical services. (MPP 30-757.196 & .197)	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)
Paramedical – Additional Hours	We are unable to make a determination on your request for additional paramedical services at this time because we have not received enough information to complete the assessment of your need for paramedical services. (MPP 30-757.196 & .197)	NA 1254 (CHANGE CONTINUATION)

Title	Message Text	Form & Comments
Services Proration	<p>Because you share living arrangements with another person(s), your authorized hours for the following Services have been prorated by the amount shown in the Adjustment column on the front page of this NOA:</p> <p>System list prorated services:</p> <p>This means that these tasks are being performed for other persons in the household so the time it takes to perform these tasks has been divided among each person, and you receive only your share of this time. If your provider is performing a task for you alone, there has been no proration of time. (MPP 30-763)</p>	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)
Mid-Month Begin date	<p>For the period MMDDYYYY through MMDDYYYY, your authorized service hours have been prorated. Your total authorized hours for this period are ### hours, ## minutes. Here's why: Your services begin date is after the 1st of the month.</p> <p>Beginning next month you will receive your full authorization of ### hours, ## minutes. The attached form shows the monthly number of hours you have been approved to receive for each service.</p>	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)
Mid-Month End date	<p>For the period MMDDYYYY through MMDDYYYY, your authorized service hours have been prorated. Your total authorized hours for this period are ### hours, ## minutes. Here's why: Your services end date is before the end of the month.</p>	NA 1255 (TERMINATION) Or NA 1257 (MULTIPURPOSE)
Death	<p>For the period MMDDYYYY through MMDDYYYY, the authorized service hours for RECIPIENT FULL NAME have been prorated due to their death. The total authorized hours for this period are ### hours, ## minutes.</p>	NA 1255 (TERMINATION)
Denial -Protective Supervision - 24 Hours Not Required	<p>You cannot get Protective Supervision Service. Here's why: An assessment of your needs done on MMDDYYYY, found that you do not need 24-hour supervision to ensure your safety. (MPP 30-757.17)</p>	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)

Title	Message Text	Form & Comments
Denial - Protective Supervision – Other Reason	<p>You cannot get Protective Supervision Service. Here's why: Protective Supervision Service cannot be authorized for friendly visiting or other social activities. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized when the need is caused by a medical condition and the form of the supervision needed is medical. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized in anticipation of a medical emergency. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized to prevent or control a recipient's anti-social or aggressive behavior. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized to guard against deliberate self-destructive behavior, such as suicide, or when an individual knowingly intends to harm himself/herself. MPP 30-757.172</p>	<p>NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)</p>
Protective Supervision	<p>We are unable to make a determination on your request for protective supervision services at this time because we have not received enough information to complete the assessment of your need to protective supervision. (MPP 30-757.173)</p>	<p>NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)</p>
Approval – Protective Supervision	<p>As of MMDDYYYY, you can get ### hours, ## minutes per week of protective supervision services because a recent assessment showed that you are non-self-directing, confused, mentally impaired or mentally ill and need 24-hour supervision to safeguard you from injury, hazard or accident. During times outside of IHSS authorized protective supervision, supervision must be provided through another agency or person. MPP 30-757.171</p>	<p>NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)</p>
Maximum hours of Protective Supervision	<p>The maximum number of Protective Supervision hours you may receive per month is 195 because you receive your IHSS services through the PCSP program and are determined to be non-severely impaired by the PCSP program rules. (MPP 30-765; MPP 30-780, W&IC 12303.4(a)(1) & (2), 12303.4(b)(1) &(2))</p>	<p>NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)</p>

Title	Message Text	Form & Comments
Reduction – No Unmet Need (On-going)	<p>Because of a new state law, your total monthly authorized hours have been reduced by XX percent, from ###:## to ###:##. (W&IC Section 12301.07)</p> <p>Beginning MM/DD/YYYY, the total authorized monthly service hours you get will be reduced by XX percent. Here's why:</p> <p>There is a new state law (Welfare and Institutions Code section 12301.07) that requires the California Department of Social Services to make a XX percent reduction in each IHSS recipient's total authorized monthly service hours.</p> <p>You can decide which of your authorized services will be reduced. You can choose to reduce all of the hours from one authorized service or you can split it up among several different authorized services. Your provider(s) will be informed of the total reduction in your authorized hours by a note on his/her timesheet(s). However, you are responsible for telling your provider(s) which specific service hours you have chosen to reduce. You do not have to tell the county how you have chosen to apply the reduction; this is between you and your provider.</p> <p>If you believe that the XX percent reduction in your authorized service hours puts you at risk of placement in out-of-home care, you can request an IHSS Care Supplement. You must complete the enclosed IHSS Application for Care Supplement (SOC 877) and return it to the county within 15 days of receiving this notice. The county will review your application and determine whether you are at risk of out-of-home placement.</p> <p>If you request an IHSS Care Supplement within 15 days of receiving this notice, the reduction in your service hours will not go into effect and you will continue to get the same number of authorized service hours you have been getting until the county determines if you are at risk for out-of-home placement. If the county determines that you are at risk for placement in out-of-home care, your service hours may not be reduced at all or they may be reduced less than XX percent.</p> <p>If you do not request an IHSS Care Supplement within 15 days of receiving notice, the reduction in your service hours will go into effect but you can still request the IHSS Care Supplement. If the county determines that you are at risk for placement in out-of-home care, your service hours may be partially or fully restored.</p> <p>The county will send you a notice telling you if your IHSS Care Supplement request has been approved or denied. If you disagree with the county's decision, you can request a state hearing on that</p>	<p>Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Inter-County Transfer, State Hearing Assessment – NA 1254 (CHANGE CONTINUATION)</p>

Title	Message Text	Form & Comments
	<p>decision. Information about your hearing rights is included with this notice. However, requests for a state hearing only to dispute the new state law requiring the XX percent reduction in authorized service hours will be dismissed.</p> <p>If you do not understand the information in this notice or you have any questions, contact your county IHSS office.</p>	
Reduction – Unmet Need (Ongoing)	<p>Because of a new state law, your total monthly authorized hours of have been reduced by XX percent, from ###:## to ###:##. (W&IC Section 12301.07) You have an unmet need because your most recent assessment showed that you need more hours than the maximum amount allowed by law. Your unmet need hours were considered first when the reduction in authorized hours was calculated.</p> <p>Beginning MM/DD/YYYY, the total authorized monthly service hours you get will be reduced by XX percent. Here’s why:</p> <p>There is a new state law (Welfare and Institutions Code section 12301.07) that requires the California Department of Social Services to make a XX percent reduction in each IHSS recipient’s total authorized monthly service hours.</p> <p>You can decide which of your authorized services will be reduced. You can choose to reduce all of the hours from one authorized service or you can split it up among several different authorized services. Your provider(s) will be informed of the total reduction in your authorized hours by a note on his/her timesheet(s). However, you are responsible for telling your provider(s) which specific service hours you have chosen to reduce. You do not have to tell the county how you have chosen to apply the reduction; this is between you and your provider.</p> <p>If you believe that the XX percent reduction in your authorized service hours puts you at risk of placement in out-of-home care, you can request an IHSS Care Supplement. You must complete the enclosed IHSS Application for Care Supplement (SOC 877) and return it to the county within 15 days of receiving this notice. The county will review your application and determine whether you are at risk of out-of-home placement.</p> <p>If you request an IHSS Care Supplement within 15 days of receiving this notice, the reduction in your service hours will not go into effect and you will continue to get the same number of authorized service hours you have been getting until the county determines if you are at risk for out-of-home placement. If the county determines that you are at risk for placement in out-of-home care, your service hours may not</p>	<p>Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Inter-County Transfer, State Hearing Assessment – NA 1254 (CHANGE CONTINUATION)</p>

Title	Message Text	Form & Comments
	<p>be reduced at all or they may be reduced less than XX percent.</p> <p>If you do not request an IHSS Care Supplement within 15 days of receiving notice, the reduction in your service hours will go into effect but you can still request the IHSS Care Supplement. If the county determines that you are at risk for placement in out-of-home care, your service hours may be partially or fully restored.</p> <p>The county will send you a notice telling you if your IHSS Care Supplement request has been approved or denied. If you disagree with the county's decision, you can request a state hearing on that decision. Information about your hearing rights is included with this notice. However, requests for a state hearing only to dispute the new state law requiring the XX percent reduction in authorized service hours will be dismissed.</p> <p>If you do not understand the information in this notice or you have any questions, contact your county IHSS office.</p>	
IHSS Care Supplement received timely	Because your request for an IHSS Care Supplement was submitted timely, the proposed reduction in your authorized monthly hours will not take effect. You will continue to get ###:## authorized hours until the county determines if the proposed reduction in hours puts you at risk of placement in out-of-home care.	Change, Reassessment, Inter-County Transfer, State Hearing Assessment – NA 1254 (CHANGE CONTINUATION)
IHSS Care Supplement received untimely	Because your request for an IHSS Care Supplement was not submitted timely, the proposed reduction in your authorized monthly hours has taken effect. Your authorized monthly hours have been reduced to ###:##. If the county determines that the reduction in hours puts you at risk of placement in out-of-home care, your authorized hours may be partially or fully restored.	Change, Reassessment, Inter-County Transfer, State Hearing Assessment – NA 1254 (CHANGE CONTINUATION)
Timely Care Supplement Approved – No Hours Reduced	The county has approved your request for an IHSS Care Supplement because the proposed reduction in your authorized monthly hours puts you at risk of placement in out-of-home care. Your authorized monthly hours will not be reduced. You will continue to get ###:## authorized monthly hours.	Change, Reassessment, Inter-County Transfer, State Hearing Assessment – NA 1254 (CHANGE CONTINUATION)

Title	Message Text	Form & Comments
Timely Care Supplement Approved – Partial Hours Reduced	The county has approved your request for an IHSS Care Supplement because the proposed reduction in your authorized monthly hours puts you at risk of placement in out-of-home care. Your total monthly authorized hours of have been reduced less than the amount proposed, from ###:## to ###:##.	Change, Reassessment, Inter-County Transfer, State Hearing Assessment – NA 1254 (CHANGE CONTINUATION)
Timely Care Supplement Denied	The county has denied your request for an IHSS Care Supplement because the proposed reduction in your authorized monthly hours does not put you at risk of placement in out-of-home care. The reduction in your authorized monthly hours will take effect. Your authorized monthly hours will be reduced from ###:## to ###:##.	Change, Reassessment, Inter-County Transfer, State Hearing Assessment – NA 1254 (CHANGE CONTINUATION)
Untimely Care Supplement Request Approved – Hours Fully Restored	The county has approved your request for an IHSS Care Supplement because the reduction in your authorized monthly hours puts you at risk of placement in out-of-home care. The authorized monthly hours that were reduced have been fully restored. You will now get ###:## authorized monthly hours.	Change, Reassessment, Inter-County Transfer, State Hearing Assessment – NA 1254 (CHANGE CONTINUATION)
Untimely Care Supplement Request Approved – Hours Partially Restored	The county has approved your request for an IHSS Care Supplement because the reduction in your authorized monthly hours puts you at risk of placement in out-of-home care. The authorized monthly hours that were reduced have been partially restored. You will now get ###:## authorized monthly hours.	Change, Reassessment, Inter-County Transfer, State Hearing Assessment – NA 1254 (CHANGE CONTINUATION)
Untimely Care Supplement Request Denied	The county has denied your request for an IHSS Care Supplement because the reduction in your authorized monthly hours does not put you at risk of placement in out-of-home care. The reduction in your authorized monthly hours will continue. You will get ###:## authorized monthly hours.	Change, Reassessment, Inter-County Transfer, State Hearing Assessment – NA 1254 (CHANGE CONTINUATION)

Title	Message Text	Form & Comments
Restaurant Meals Allowance – Approval	Your request for a Restaurant Meal Allowance in place of meal preparation, meal clean-up, and shopping for food services is approved. As of MMDDYYYY, you will receive a Restaurant Meal Allowance of \$62.00. If you change your mind, you can ask the county to change back to meal preparation, meal clean-up, and shopping for food services. (MPP 30-757.133)	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)
Restaurant Meals Allowance Termination – Recipient Request	As of MMDDYYYY, you will no longer receive a Restaurant Meal Allowance. Here’s why: You asked to have your Restaurant Meal Allowance stopped. You will now get any individual assessed need (hours and minutes) for meal prep, meal clean-up, shopping for food from your previous assessment. If you change your mind, you can ask to have your Restaurant Meal Allowance restored. (MPP 30-757.131 & .132 & .133)	NA 1254 (CHANGE CONTINUATION)
Restaurant Meals Allowance Termination – No Assessed Need Meal Prep	As of MMDDYYYY, you will no longer receive a Restaurant Meal Allowance. Here’s why: An assessment showed that you do not have need for meal preparation. You must have a need for meal preparation to be eligible for a Restaurant Meal Allowance. (MPP 30-757.131 & .132 & .133)	NA 1254 (CHANGE CONTINUATION)
Restaurant Meals Allowance Increase Payment Amount	As of MMDDYYYY, your Restaurant Meal Allowance will increase due to an increase to the State Maximum payment. (MPP 30-757.133)	NA 1257 (MULTIPURPOSE)
Restaurant Meals Allowance – Not qualified	Your request for a Restaurant Meal Allowance in place of meal preparation, meal clean-up, and shopping for food services is denied. You are not eligible to receive a Restaurant Meal Allowance because you must have a need for meal preparation. (MPP 30-757.131 & .132 & .133)	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)
Deny – Restaurant Meal Allowance	Your request for Restaurant Meal Allowance is denied. Here’s why: You are not eligible to receive Restaurant Meal Allowance because you do not have adequate cooking facilities at home. Ask your social worker for a referral to Social Security for evaluation of your eligibility for a Restaurant Meal Allowance through Supplemental Security Payment. (MPP 30-757.133 (a)(3))	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)

Title	Message Text	Form & Comments
Termination – Restaurant Meals Allowance – Receiving SSP payment	As of MMDDYYYY, you will no longer receive a Restaurant Meal Allowance. Here’s why: You are getting a meal allowance as part of your Supplemental Security Payment. (MPP 30-757.133 (a)(2))	NA 1254 (CHANGE CONTINUATION)
Auth to Purchase – Refused Service decreased hours	As of MMDDYYYY, the hours of IHSS you get are increased. Here’s why: You told us that you no longer refuse some or all of the following services: (MPP 30-009.213) List all services which apply:	NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)
Refused Services – First Authorization that Recipient Refused Services	The hours of IHSS you get are decreased. Here’s why: You refused some or all of each of the following services: (MPP 30-009.213) List all services which apply: If you change your mind, contact your social worker.	NA 1250 (APPROVAL) NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)
Auth to Purchase – Refused Service increased hours	As of MMDDYYYY, the hours of IHSS you get are decreased. Here’s why: You told us that you refuse additional amounts of each of the following services: (MPP 30-009.213) List all services which apply:	NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)
IHSS SOC	You get IHSS from the IHSS-Residual program. Your IHSS share of cost is displayed on a separate page of this notice. If you have an IHSS share of cost, that amount will be deducted each month from your provider’s paycheck and you will be sent a letter telling you to pay that amount to your provider. If you are Medi-Cal eligible and have a Medi-Cal share of cost, you may provide proof of the amount you paid your provider to your Medi-Cal eligibility worker and that amount will be used toward meeting your Medi-Cal share of cost.	NA 1256B (IHSS SHARE OF COST)
IHSS SOC – increase - more countable income	As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It increased because you have more countable income. See the attached “share-of-cost” page for how it was calculated.	NA 1256B (IHSS SHARE OF COST)

Title	Message Text	Form & Comments
IHSS SOC – increase-decrease SSI/SSP benefit levels	As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It increased because a state law decreased the SSI/SSP benefit levels. See the attached “share-of-cost” page for how it was calculated.	NA 1256B (IHSS SHARE OF COST)
IHSS SOC – increase – COLA	As of MMDDYYYY, your IHSS share of cost is \$___1 st ___. Your IHSS share of cost was \$___2 nd ___. It increased because a cost of living adjustment was made to the social security payments available to you which are \$___3 rd ___, \$___3 rd ___, \$___3 rd ___. If the social security amount you receive is different than listed here, contact your IHSS worker within 10 calendar days. MPP 30-755.233	NA 1256B (IHSS SHARE OF COST)
IHSS SOC – decrease -less countable income	As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It decreased because you have less countable income. See the attached “share-of-cost” page for how it was calculated.	NA 1256B (IHSS SHARE OF COST)
IHSS SOC –decrease – increase SSI/SSP benefit levels	As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It decreased because a state law increased the SSI/SSP benefit levels. See the attached “share-of-cost” page for how it was calculated.	NA 1256B (IHSS SHARE OF COST)
IHSS Service of Medi-Cal	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 is processed telling you how much you need to pay your provider.	Initial Assessment - NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Inter-County Transfer Assessment – NA 1254 (CHANGE CONTINUATION)
State Hearing – Outcome Compliance	This NOA reflects the outcome of your state hearing dated.	NA 1254 (CHANGE CONTINUATION)
State Hearing – Conditional Withdrawal	This NOA reflects the results of the assessment done in agreement with the terms of your conditional withdrawal of your request for a State Hearing.	NA 1254 (CHANGE CONTINUATION)
State Hearing – Payment	To comply with the recent State Hearing order, you will receive a one-time payment.	NA 1254 (CHANGE CONTINUATION)

Title	Message Text	Form & Comments
No Hours Authorized	<p>You do not receive any authorized hours for the services listed below because your spouse is able and available to provide these services to you at no cost. (MPP 30-763.41)</p> <p>List all services which apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Domestic Services <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Meal Clean-up <input type="checkbox"/> Laundry <input type="checkbox"/> Shopping for food <input type="checkbox"/> Other shopping and errands <input type="checkbox"/> Heavy Cleaning <input type="checkbox"/> Yard Hazard Abatement <input type="checkbox"/> Teaching and Demonstration Services 	<p>NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)</p>
Limited Hours Authorized	<p>You receive only a limited number of authorized hours for meal preparation because your spouse is able and available part of the time to provide these services to you at no cost (MPP 30-763.41)</p>	<p>NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)</p>
Termination – No longer in own home	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why: You cannot continue to get IHSS because you no longer reside in your own home. (MPP 30-701 (o)(2), MPP 30-755.1)</p>	<p>NA 1255 (TERMINATION)</p>
Termination – Recipient Request	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why: You asked to stop all of your service hours. (MPP 30-009.213)</p>	<p>NA 1255 (TERMINATION)</p>
Termination – Did not pay Share of Cost	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why: You did not pay your IHSS Share of Cost. The IHSS Share of Cost is the amount you must pay from your own pocket toward your IHSS services. (MPP 30-755.233(c))</p>	<p>NA 1255 (TERMINATION)</p>

Title	Message Text	Form & Comments
Termination – Out of State more than 60 days	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why: You have been out of the State of California for more than 60 days in a row and it appears that you do not plan to come back. (MPP 30-770.44)	NA 1255 (TERMINATION)
Termination – Out of country	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop Here’s why: You have been out of the country for a full calendar month or for 30 days in a row. (MPP 30-770.46)	NA 1255 (TERMINATION)
Termination – Moved out of State	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why: You told us that you are going to reside outside the State of California. (MPP 30-770.4)	NA 1255 (TERMINATION)
Termination – Failure to cooperate	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why: You did not cooperate with the County in providing needed information to show that you need services to remain safely in your home. (MPP 30-760.1)	NA 1255 (TERMINATION)
Termination – IHSS-R SOC exceeds need	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why: Your application was assessed under the IHSS Residual program and your Share of Cost is more than the cost of your assessed IHSS services. The Share of Cost is the amount you must pay from your own pocket toward your services. Your Share of Cost is \$####.##. Your IHSS services cost is \$####.##. See the attached “share of cost” page for information on how your share of cost was calculated. (W&IC 12304.5)	NA 1255 (TERMINATION)
Termination – No Assessed Need	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why: You do not need any services to safely stay in your own home. (MPP 30-761.25)	NA 1255 (TERMINATION)

Title	Message Text	Form & Comments
Termination – Need met through Alternate Resources	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why: All of your Individual Assessed Needs are being met through Alternative Resources, Voluntary Services or you have Refused Services. (MPP 30-763.6, MPP 30-009.213) (System display list of services)	NA 1255 (TERMINATION)
Termination -Non-Compliance with Medi-Cal Eligibility	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why: You did not provide Medi-Cal with the required information to continue your Medi-Cal eligibility which is a requirement for IHSS eligibility. See your Medi-Cal notice for further information.	NA 1255 (TERMINATION)
Termination – Residence-Hospital	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why: You are in a hospital and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	NA 1255 (TERMINATION)
Termination – Residence-Intermediate Care Facility	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why: You are in an intermediate care facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	NA 1255 (TERMINATION)
Termination – Residence-Skilled Nursing Facility	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why: You are in a skilled nursing facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	NA 1255 (TERMINATION)
Termination – Residence -Community Care Facility	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why: You are in a Community care facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	NA 1255 (TERMINATION)
Termination – Whereabouts unknown	As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why: You did not tell us where you are currently living. (MPP 30-701(o)(2), MPP 30-755.21, 30-760.1)	NA 1255 (TERMINATION)
Termination – Recipient Death	To the estate of RECIPIENT FULL NAME. The County has been notified of MMDDYYYY as the date of death of RECIPIENT FULL NAME; therefore IHSS services have been terminated.	NA 1255 (TERMINATION)

Title	Message Text	Form & Comments
Termination - Erroneous	<p>On MMDDYYYY, we sent you a Notice of Action telling you that the IHSS services you had been getting would stop. That Notice was sent in error.</p> <p>As of MMDDYYYY, you can get IHSS through the following program: system select one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> IHSS Plus Option (IPO) Program (W&IC 14132.952) <input type="checkbox"/> Personal Care Services Program (PCSP) (MPP 30-780) <input type="checkbox"/> In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) 	NA 1257 (MULTIPURPOSE)
Termination –IHSS-R Excess Resource	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why:</p> <p>You cannot get IHSS because you have more personal/real property than allowed under SSI/SSP rules. (MPP 30-773)</p>	NA 1255 (TERMINATION)
Terminations – Invalid SSN	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why:</p> <p>The Social Security Number you provided is not valid.</p>	NA 1255 (TERMINATION)
Terminations – Duplicate SSN	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here’s why:</p> <p>The Social Security Number you provided has been determined to belong to someone else.</p>	NA 1255 (TERMINATION)
Termination – Medical Certification	<p>You did not provide the county with a medical certification as required to authorize services. (WIC 12309.1)</p>	NA 1255 (TERMINATION)
Unmet Need – PCSP (NSI)	<p>You are receiving your IHSS services through the PCSP program and under the program rules are determined as non-severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ## hours and ## minutes of unmet need.</p>	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)
Unmet Need – PCSP (SI)	<p>You are receiving your IHSS services through the PCSP program and under the program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ## hours and ## minutes of unmet need.</p>	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)

Title	Message Text	Form & Comments
Unmet Need –IPO (NSI)	<p>You are receiving your IHSS services through the IPO program and under that program rules are determined as non-severely impaired. The maximum number of hours you may get is 195 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ## hours and ## minutes of unmet need.</p>	<p>NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)</p>
Unmet Need –IPO (SI)	<p>You are receiving your IHSS services through the IPO program and under that program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ## hours and ## minutes of unmet need.</p>	<p>NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)</p>
Unmet Need – IHSS-R (NSI)	<p>You are receiving your IHSS services through the IHSS-R program and under that program rules are determined as non-severely impaired. The maximum number of hours you may get is 195 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ## hours and ## minutes of unmet need.</p>	<p>NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)</p>
Unmet Need –IHSS-R (SI)	<p>You are receiving your IHSS services through the IHSS-R program and under that program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ## hours and ## minutes of unmet need.</p>	<p>NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)</p>
Auth to Purchase – Voluntary Service decreased hours	<p>As of MMDDYYYY, the hours of IHSS you get are increased. Here’s why: You told us that some or all of the following services are no longer being provided to you voluntarily: (MPP 30-763.6) List all services which apply:</p>	<p>NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)</p>

Title	Message Text	Form & Comments
Voluntary Services – First Authorization that Recipient receiving Voluntary Services	<p>The hours of IHSS you get are decreased. Here’s why: You told us some or all of each of the following services are being provided to you voluntarily and the individual providing them does not wish to be paid: List all services which apply:</p> <p>If the individual decides they would like to be paid for providing services, contact your social worker. (MPP 30-763.6)</p>	<p>NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)</p>
Auth to Purchase – Voluntary Service increased hours	<p>As of MMDDYYYY, the hours of IHSS you get are decreased. Here’s why: You told us that additional amounts of each of the following services are now being provided to you voluntarily: (MPP 30-763.6) List all services which apply:</p>	<p>NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)</p>