

COUNTY OF

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

(ADDRESSEE)

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

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.**

Notice Date:

Case Name:

Case Number:

Social Worker Name:

Social Worker Number:

Social Worker Telephone:

Social Worker Address:

As of _____ the services you can get and/or the amount of time you can get for services has changed. Here's why:

Total HRS:MINS of IHSS you can get each month is now: _____. This is a/an increase/decrease of _____.

You will now get the services shown below for the 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 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 "Description of Services" insert for a short description of each service.</i>	TOTAL			
	THE SERVICE NEEDED HRS:MINS	WHO SHARE THE HOME (PRORATION)	YOU NEED HRS:MINS	OR GET FROM OTHERS
DOMESTIC SERVICES (per MONTH)				
Prepare Meals				
Meal Clean-up				
Routine Laundry				
Shopping for Food				
Other Shopping/Errands/Reading Services				
NON-MEDICAL PERSONAL SERVICES (per WEEK)				
Respiration Assistance (Help w/ Breathing)				
Bowel, Bladder Care				
Feeding				
NON-MEDICAL PERSONAL SERVICES (per WEEK)				
Routine Bed Bath				

SERVICES <i>Note: See the "Description of Services" insert for a short description of each service.</i>	TOTAL AMOUNT OF THE SERVICE NEEDED	ADJUSTMENTS FOR OTHERS WHO SHARE THE HOME	AMOUNT OF THE SERVICE YOU NEED	SERVICES YOU REFUSED OR GET FROM OTHERS
	HRS:MINS	(PRORATION)	HRS:MINS	
Ambulation (Help with Walking, including Getting In/Out of Vehicles)				
Transferring (Help Moving In/Out of Bed, On/Off Seats, etc.)				
Bathing, Oral Hygiene, Grooming				
Rubbing Skin, Repositioning				
Help with Prosthesis (Artificial Limb, Visual/Hearing Aid) and/or Setting up Medications				
ACCOMPANIMENT (per WEEK):				
To/From Medical Appointments				
To/From Places You Get Services in Place of IHSS				
PROTECTIVE SUPERVISION (per WEEK)				
PARAMEDICAL SERVICES (per WEEK)				
TIME LIMITED SERVICES (per MONTH)				
Heavy Cleaning				
Yard Hazard Abatement				
Remove Ice, Snow				
Teaching and Demonstration				
TOTAL HRS:MINS OF TIME LIMITED SERVICES YOU CAN GET PER MONTH:				

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SERVICES <i>Note: See the "Description of Services" insert for a short description of each service.</i>	HOURS YOU CAN GET		
	HRS:MINS		
	NOW	WAS	+/-
DOMESTIC SERVICES (per MONTH)			
RELATED SERVICES (per WEEK)			
Prepare Meals			
Meal Clean-up			
Routine Laundry			
Shopping for Food			
Other Shopping/Errands/Reading Services			
NON-MEDICAL PERSONAL SERVICES (per WEEK)			
Respiration Assistance (Help w/ Breathing)			
Bowel, Bladder Care			
Feeding			
Routine Bed Bath			
Dressing			
Menstrual Care			
Ambulation (Help with Walking, including Getting In/Out of Vehicles)			
Transferring (Help Moving In/Out of Bed, On/Off Seats, etc.)			
Bathing, Oral Hygiene, Grooming			
Rubbing Skin, Repositioning			
Help with Prosthesis (Artificial Limb, Visual/Hearing Aid) and/or Setting up Medications			
ACCOMPANIMENT (per WEEK):			
To/From Medical Appointments			
To/From Places You Get Services in Place of IHSS			
PROTECTIVE SUPERVISION (per WEEK)			
PARAMEDICAL SERVICES (per WEEK)			
TOTAL WEEKLY HRS:MINS OF SERVICE YOU CAN GET:			
MULTIPLY BY 4.33 (average # of weeks per month) TO CONVERT TO MONTHLY HRS:MINS:			x4.33=
SUBTOTAL MONTHLY HRS:MINS OF SERVICE YOU CAN GET:			
ADD MONTHLY DOMESTIC HRS:MINS OF SERVICE YOU CAN GET (from above):			
TOTAL HRS:MINS OF SERVICE YOU CAN GET PER MONTH:			

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 COUNTY OF

SERVICES	HOURS YOU CAN GET		
	HRS:MINS		
	NOW	WAS	+/-
TIME LIMITED SERVICES (per MONTH)			
Heavy Cleaning			
Yard Hazard Abatement			
Remove Ice, Snow			
Teaching and Demonstration			

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Questions? Please contact your IHSS social worker. See top of page 1 for phone number.

State Hearing: If you think this action is wrong, you can ask for a hearing. The State Hearing Rights included in this notice tells how.