



CDSS

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**DEPARTMENT OF SOCIAL SERVICES**

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EDMUND G. BROWN JR.  
GOVERNOR

June 7, 2013

ALL-COUNTY LETTER (ACL) NO: 13-47.

TO: ALL COUNTY WELFARE DIRECTORS  
ALL IHSS PROGRAM MANAGERS

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by  
One or More Counties
- Initiated by CDSS

SUBJECT: IMPLEMENTATION OF SB 67 AS IT RELATES TO SERVICE  
REDUCTIONS IN THE IN-HOME SUPPORTIVE SERVICES PROGRAM

REFERENCE: SENATE BILL 67

The purpose of this All-County Letter (ACL) is to instruct counties on the implementation of a new state law which increases the current reduction of 3.6 percent to a total of eight percent. The eight percent service reduction shall be applied to every recipient in the In-Home Supportive Services (IHSS) program, in accordance with the mandates of Senate Bill (SB) 67.

**BACKGROUND**

On March 27, 2013, parties to the Oster v. Lightbourne, et al. and Dominguez v. Brown, et al. entered into a settlement agreement. The settlement agreement calls for the repeal of the legislation at issue in the litigation and, among other things, institutes an eight percent reduction in authorized in-home supportive services for 12 months, beginning July 1, 2013

SB 67 added Section 12301.01 to the Welfare and Institutions Code (WIC) and requires the California Department of Social Services (CDSS) to reduce every IHSS recipient's total authorized hours by eight percent, effective July 1, 2013. The eight percent reduction will first be applied to any documented unmet need (excluding protective supervision). SB 67 requires Notices of Action (NOAs) to be mailed at least ten days prior to the reduction going into effect and permits recipients to choose how this reduction is applied to their specific authorized services. Effective July 1, 2014, one percent of the reduction will be restored.

## **STATE RESPONSIBILITIES**

The CDSS will perform a one-time batch process in both of the Case Management, Information and Payrolling Systems (CMIPS Legacy/CMIPS II) in June 2013 to calculate the eight percent reduction for every recipient's total monthly authorized hours. In order to meet statutory requirements, CDSS will mail out NOAs to current IHSS recipients between June 10, 2013 and June 13, 2013.

The NOAs will notify existing recipients that beginning July 1, 2013, in addition to the current 3.6 percent reduction; their total monthly authorized hours will be reduced further to a total of eight percent. The reduction will first be applied to any documented unmet need (excluding protective supervision) then applied to the recipient's total authorized monthly hours. A new NOA message will be programmed into each system (CMIPS Legacy/CMIPS II) to show the total monthly authorized hours before the reduction and the total monthly authorized hours after the eight percent reduction. The NOA will provide additional information for recipients with documented unmet need (Attachment A).

In CMIPS Legacy, NOA message insert 306A (Attachment B) will be included with each NOA sent out by CDSS. The NOA message insert 306A will explain the new law to recipients and will be available in the four state threshold languages (English, Spanish, Armenian, and Chinese), as required by Government Code, section 7295.2. The NOA message insert will also include the appeals information from the NA 690 translated into the four state threshold languages.

## **COUNTY RESPONSIBILITIES**

County IHSS staff shall continue to conduct assessments/reassessments and enter cases into CMIPS Legacy/CMIPS II in the current manner. CMIPS Legacy/CMIPS II will automatically calculate the eight percent reduction and apply the reduction to the total monthly authorized hours. Severely impaired and non-severely impaired categories for recipients will not change due to this reduction, as individual IHSS services will not be reduced.

CMIPS Legacy will automatically print NOAs with the appropriate NOA messages related to this reduction. The county will be responsible for including with every NOA sent between June 14, 2013 and June 30, 2014 either of the two different NOA message inserts, 306A and 306B in the appropriate language, and appeals information.

Beginning June 14, 2013 and continuing through June 30, 2013, counties must include NOA message insert 306A and appeals information inserts, in the appropriate language, with **each sent NOA**.

Beginning July 1, 2013 and continuing through June 30, 2014, counties must include NOA message insert 306B and appeals information inserts, in the appropriate language, with **each sent NOA**.

The appeals information is intended to be printed on the reverse side of the NOA message insert. Both NOA message inserts and the appeals information are available in the four state threshold languages. Counties are responsible for any other translations they determine are required for their service area. CMIPS II will automatically print out the initial and ongoing NOAs which will not require counties to provide separate inserts (Attachment C).

Recipients will choose how the eight percent reduction is applied to their overall authorized IHSS services. The recipient or his/her authorized representative is responsible for advising the IHSS provider about the total reduction in services hours and also the specific service hours the recipient has chosen to reduce. Recipients do not need to report to the county which hours they choose to reduce. This is between the recipient and his/her provider(s). County IHSS staff will not have a role in allocating remaining hours after the reduction is applied.

A county which receives a request for reassessment during the 90 days following issuance of a NOA related to the eight percent reduction must evaluate whether the recipient is requesting the reassessment to dispute the eight percent reduction, the recipient is requesting a reassessment based on a change in the recipient's condition that impacts their functional abilities or living situation, or the recipient is requesting a reassessment for both of these reasons.

Counties may, if necessary, request additional information from recipients as part of evaluating the recipient's new change in functional abilities. Counties shall not require recipients to provide a medical certification form or a note from a physician to demonstrate a change in their medical condition in order to obtain a reassessment. If the request for reassessment is solely to dispute the eight percent reduction, the county shall deny the request and explain the state hearing process to the recipient (see 'State Hearings'). If the request for reassessment is the result of a change in circumstances, the county must follow the current requirements for a reassessment and proceed accordingly.

An IHSS recipient may request a reassessment when there has been a change in the recipient's circumstances that affect the need for IHSS services. Such circumstances may include but are not limited to:

A change in recipient's physical or mental condition that affects at least one Activity of Daily Living (ADL) or Instrumental Activity of Daily Living (IADLs) or;

A change in the recipient's living arrangement or situation, (such as a roommate moving in or out or the recipient no longer having a washer and dryer in their home.)

Current practice allows for IHSS social workers to evaluate if the change in the recipient's circumstances would necessitate an in-home assessment or a phone reassessment. A phone reassessment would help to facilitate a timely response and expedite the processing time for an increase in authorized hours. Phone reassessments do not replace the required annual face-to-face reassessment. Anytime a county completes a reassessment, including a phone reassessment, a NOA must be issued to the recipient to notify the recipient of the county's determination. This includes situations where a phone reassessment has been completed and the county has determined there has not been a change in recipient's needs for IHSS. A NOA must be sent indicating a reassessment has been completed and there has not been a change in monthly authorized hours.

If a county denies a recipient's request for a reassessment based solely on the 8 percent reduction, a "Notice of Denial of Request for Reassessment Based on State Law Change," form SOC 885 (Attachment D), and appeals information must be sent to the recipient. For both systems, CMIPS Legacy and CMIPS II, the SOC 885 will not automatically be sent out by each system; it must be manually sent out.

The NOA messages for CMIPS II and NOA message inserts for CMIPS Legacy direct recipients to contact their local IHSS office with questions regarding the eight percent reduction. Counties should prepare for calls from recipients regarding the implementation of this law.

## **CMIPS LEGACY/CMIPS II FUNCTIONALITY AND DATA ENTRY**

### **CMIPS Legacy**

CMIPS Legacy will perform a one-time process that reduces the Authorized to Purchase hours on existing recipient cases, in "Eligible", "Interim" or "Leave" status, by eight percent. This reduction applies to recipients and providers in a one-to-one relationship in either "E", "I" or "L" status. CMIPS Legacy will suppress the printing of the SOC 293 and SOC 311 for the initial eight percent reduction. However, turnaround documents will be generated for the ongoing caseload as usual.

The effective date of this change will be July 1, 2013. Once the reduction is implemented system edits will not allow creation of eligibility segments that span the July 1, 2013 date. The system will automatically create an ending segment (N line) for existing cases that contain open segments and create a new segment (M line) starting July 1, 2013. If the end date of the most recent eligibility segment is in the past, CMIPS Legacy will automatically bring the eligibility segment current with an end date of June 30, 2013 and then build a new eligibility segment with a begin date of July 1, 2013.

CMIPS Legacy will also be modified to apply the 8 percent reduction to new recipient cases, and any reactivated recipient cases. Date span editing will apply to all cases using a July 1, 2013 effective date. Cases entered after May 31, 2013 will require two segments: a segment for any days of services provided prior to July 1, 2013 and a second segment created beginning July 1, 2013. Counties **must** allow a one-day turnaround on CMIPS Legacy before creating the second segment for July 1, 2013 because a separate NOA will be generated for the hours prior to the July 1, 2013 implementation date of the eight percent reduction. The new NOA message 306 will display in CMIPS Legacy on the RELC screen. The LAWADJ field on the RELC screen will display the reduction calculation and number of reduction hours immediately following the current calculation. The LAWADJ field is followed by the reduced hours in the existing fields of Net Hours, Authorized to Purchase hours, and the Unmet Need hours. The calculation will not display on the SOC 293. It is possible to have a case where the only adjustment is to the unmet need hours resulting in no actual change to the number of hours the recipient will receive.

CMIPS Legacy will produce a one-time notification for all recipients in "E", "I" or "L" status whose hours are being reduced. The new NOA message 306 (temp) (Attachment A), has been developed and will be displayed on the NOA mailed by CDSS in June. For new or reactivated cases and other assessments, CMIPS Legacy will generate the normal 10-day NOA with the new NOA message 306 (Attachment A). After the initial NOA, recipients with documented unmet need (other than for protective supervision) will receive the existing NOA message 386 or 387 that specifies the number of unmet need hours if there are any remaining after the reduction. County users can also generate Manual NOA message 575 (Attachment A) to provide additional information to recipients with documented unmet need and the 8 percent reduction.

CMIPS Legacy will update the provider PELG screens with their recipient's new hours after the eight percent reduction for providers in a one-to-one relationship and on cases without provider assigned hours that equal less than the recipient's authorized hours. Providers with assigned hours will also have their hours reduced, counties may have to update the provider assigned hours on some cases if the total assigned hours do not match the recipient's authorized hours after the eight percent reduction. Recipients who

choose to reallocate the assigned hours of multiple providers must contact their local IHSS office to do so. Counties are responsible for implementing requests for reallocation.

## CMIPS II

CMIPS II will perform a one-time process that reduces the Authorized to Purchase hours by eight percent on all existing recipient cases, in "Eligible" and "Presumptive Eligible" status. This reduction in hours will apply to both the recipient's authorized to purchase hours and any provider who works for them without assigned hours. The system will automatically end the current authorization for existing cases that contain open authorization segments and create a new assessment beginning July 1, 2013. If the end date of the current authorization is in the past, CMIPS II will automatically bring the authorization current with an end date of June 30, 2013 and then build a new assessment with a begin date of July 1, 2013.

During the initial implementation of the eight percent reduction CMIPS II will delete all Pending Evidence and a new authorization will be created for every active case with the effective date beginning July 1, 2013. Once the reduction is implemented system edits will not allow creation of eligibility segments that span the July 1, 2013 date. Cases entered after the initial batch run and any ongoing changes to existing authorizations that begin prior to July 1, 2013 will require two authorizations: an authorization for any days of service provided prior to July 1, 2013 and a second authorization created beginning July 1, 2013. Users will also have to create two eligibility segments for cases that are in "Leave" status when the initial batch run is executed and are subsequently brought to "Eligible" status. CMIPS II will also be modified to apply the eight percent reduction to newly created and reactivated recipient cases that have authorizations that span the July 1, 2013 date.

The number of authorized to purchase and unmet need hours before and after the reduction and the number of reduced hours will display on the Authorization Summary screen in the Total Auth to Purchase Before Legislative Mandated Adjustment (LMA), Unmet Need Before LMA, LMA, Unmet Need After LMA, and Total Auth to Purchase LMA fields. It is possible to have a case where the only adjustment is to the unmet need hours resulting in no actual change to the number of hours the recipient will receive.

CMIPS II will produce a one-time notification for all active recipients in "Eligible" and "Presumptive Eligible" status whose hours are being reduced. CDSS will mail all of the initial NOAs generated by the implementation of this reduction. However, all ongoing NOAs will be printed locally at the county CMIPS II printers and counties will be responsible for mailing the notice after the initial eight percent reduction implementation.

Copies of all NOAs generated as part of the initial implementation of the eight percent reduction and ongoing will be viewable by selecting the Forms and Correspondence link on the Cases tab of the side-bar menu in CMIPS II. The new NOA message LM02 (Attachment C) has been developed and will be displayed on the initial NOAs mailed by CDSS in June 2013. For new or reactivated cases and other assessments, CMIPS II will generate the normal 10-day NOA with the new NOA message LM03 (Attachment C). There is not a new message for unmet need. Recipients with documented unmet need (other than for protective supervision) will receive the existing CMIPS II NOA message for unmet need that specifies the number of unmet need hours after the eight percent reduction.

CMIPS II will update the provider hours with the recipient's new hours after the eight percent reduction if there are no assigned hours on the case including those providers with assigned hours. In some rare instances the provider assigned hours will not match the recipient's authorized hours after the eight percent reduction and the case owner will receive a task if the provider assigned hours do not equal the total recipient's authorized hours after the eight percent reduction. Recipients who choose to reallocate the hours of multiple providers must contact their local IHSS office to do so. Counties are responsible for implementing requests for reallocation.

## **STATE HEARINGS**

Recipients will continue to have the right to appeal any county action taken on their IHSS case. Recipient appeal rights will be available in the four state threshold languages and will be included with each NOA message insert sent. For IHSS, Administrative Law Judges only have jurisdiction to review cases within 90 days of a county action such as an assessment, failure to assess or reassess, or denial of services notwithstanding §22-009.2.

The WIC Section 10950 states in part, "Notwithstanding any other provision of this code, there is no right to a state hearing when either (1) state or federal law requires automatic grant adjustments for classes of recipients unless the reason for an individual request is incorrect grant computation, or (2) the sole issue is a federal or state law requiring an automatic change in services or medical assistance which adversely affects some or all recipients." Therefore, hearing requests based solely on the eight percent reduction will be dismissed.

If the county receives an oral request for a state hearing regarding the eight percent reduction, the county must refer the recipient to the State Hearings Division at (800) 743-8525. Likewise, if the county receives a written request for a state hearing

ACL No. 13-47  
Page Eight

regarding the eight percent reduction, the county must fax the request to the State Hearings Division, at fax number (916) 651-2789.

For questions regarding the content of this letter, please contact Victoria Rodriguez, Analyst, Adult Programs Policy and Litigation Branch, Service Assessment and Cash Programs Unit, at (916) 651-5350 or by email, at [Victoria.Rodriguez@DSS.ca.gov](mailto:Victoria.Rodriguez@DSS.ca.gov)

Sincerely,

***Original Document Signed By:***

EILEEN CARROLL  
Deputy Director  
Adult Programs Division

Attachments



## **ATTACHMENT A**

### **CMIPS NOA MESSAGES**

#### **306 (temp)- Initial NOA message**

Starting July 1, 2013, a new state law increased the current temporary cut of 3.6 percent to a total of 8 percent. Your total monthly authorized hours of ###.## will be cut by a total of 8 percent to ###.## (WIC Section 12301.01). Please see the insert for more details about the new law.

#### **306 (temp) – Initial unmet need NOA message**

Starting July 1, 2013, a new state law increased the current temporary cut of 3.6 percent to a total of 8 percent. Your total monthly authorized hours of ###.## will be cut by a total of 8 percent to ###.## (WIC Section 12301.01). Please see the insert for more details about the new law.

State law requires this cut to be taken first from your documented unmet need (other than for protective supervision). Unmet need means you need more hours per month than IHSS can pay for. After the 8 percent cut has been taken, you have a remaining unmet need of ### ## service hours (WIC 12301.01).

#### **306 Ongoing Message**

As a result of a new state law your total monthly authorized hours of ###.## have been cut by 8 percent to ###.## (WIC Section 12301.01). Please see the insert for more details about the new law.

#### **Additional message to address unmet need**

#### **575 – Manual NOA**

State law requires this cut to be taken first from your documented unmet need (other than for protective supervision). Unmet need means you need more hours per month than IHSS can pay for. After the 8 percent cut has been taken, you have a remaining unmet need of ### ## service hours (WIC 12301.01).

## **Attachment B Table of Contents**

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### **CMIPS LEGACY NOA MESSAGE INSERT 306A**

ENGLISH  
SPANISH  
CHINESE  
ARMENIAN

### **CMIPS LEGACY NOA MESSAGE INSERT 306B**

ENGLISH  
SPANISH  
CHINESE  
ARMENIAN

### **APPEALS INFORMATION**

ENGLISH  
SPANISH  
CHINESE  
ARMENIAN

IN-HOME SUPPORTIVE SERVICES  
NOTICE OF ACTION MESSAGE 306A

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This notice is about a new state law that affects your IHSS hours.

Starting July 1, 2013, a new state law (Section 12301.01 of the Welfare and Institutions Code) says the California Department of Social Services must cut all IHSS recipients total authorized hours by 8 percent. This means that the current temporary cut of 3.6 percent will be increased by an additional 4.4 percent starting July 1, 2013. The 8 percent cut will remain in effect for 12 months.

You can choose which of your specific authorized IHSS services, shown on the front of your IHSS Notice of Action, will be cut. For example, if you lose three hours of service per month, you can choose to cut three hours from one type of service or choose to split up those hours among different services. You must tell your provider(s) of the cut in total hours and which specific service hours you choose to cut. You do not have to tell the county which hours you choose to cut. This is between you and your provider.

The new law also applies to all reassessments. Starting July 1, 2013, when a reassessment changes a recipient's authorized hours, the 8 percent cut applies to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the new cuts to IHSS will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing.

Your hearing rights are included with this message. However, requests for a state hearing only about the new state law requiring the 8 percent cut in service hours will be dismissed.

If you do not understand this new cut or have questions about the new law please contact your county IHSS office

IN-HOME SUPPORTIVE SERVICES  
NOTICE OF ACTION MESSAGE 306A

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Esta notificación es acerca de una nueva ley estatal que afecta sus horas del Programa de Servicios de Apoyo en el Hogar (IHSS).

A partir del 1º de julio, 2013, una nueva ley estatal (Sección 12301.01 del Código de Bienestar Público e Instituciones [W&IC]) estipula que el Departamento de Servicios Sociales de California tiene que recortar un ocho por ciento (8%) del total de horas autorizadas para todos los beneficiarios de IHSS. Esto significa que el actual recorte temporal del tres punto seis por ciento (3.6%) aumentará un cuatro punto cuatro por ciento (4.4%) adicional comenzando el 1º de julio, 2013.

Usted puede escoger cuáles de sus horas de servicios específicos de IHSS, las cuales aparecen en la primera página de su notificación de acción, se recortarán. Por ejemplo, si pierde tres horas de servicios por mes, usted puede escoger tres horas de un tipo de servicio o puede dividir esas horas entre diferentes servicios. Usted tiene que informarle a su proveedor(es) del total de recorte de horas y cuáles horas de servicios específicos usted escoge recortar. Usted no tiene que informarle al Condado cuáles horas escoge recortar. Esto es algo entre usted y su proveedor.

La nueva ley también aplica a todas las revaluaciones. A partir del 1º de julio, 2013, cuando una revaluación cambia las horas autorizadas para un beneficiario, el ocho por ciento (8%) aplica al nuevo total autorizado de horas por mes. Si su condición empeora o sus circunstancias cambian antes de su revaluación anual, puede llamar al Condado para pedir una revaluación de sus necesidades para IHSS. El Condado no le pedirá que usted proporcione un formulario de certificación médica ni una nota del doctor para mostrar el cambio en su condición. El Condado no aceptará la petición para una revaluación si solamente se trata del nuevo recorte de IHSS. Si le niegan una revaluación por algún otro motivo, usted puede solicitar una audiencia con el Estado.

Sus derechos para una audiencia se incluyen en este mensaje. Sin embargo, las peticiones para una audiencia con el Estado se descartarán si solamente se tratan del recorte del ocho por ciento (8%) en las horas de servicio.

Si usted no entiende este nuevo recorte o si tiene alguna pregunta acerca de la nueva ley, por favor comuníquese con la Oficina de IHSS del Condado

IN-HOME SUPPORTIVE SERVICES  
NOTICE OF ACTION MESSAGE 306A

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此通知是有關一個影響你IHSS時數的新州法例。

從2013年7月1日開始，新的州法例（福利與慈善法規第12301.01欄）說明，加州社會服務部必須削減所有IHSS領取者的總授權時數百分之8。這表示目前的臨時百分之3.6削減將增加額外的百分之4.4。此百分之8的削減將會一直有效12個月。

你可以選擇顯示在你的IHSS行動通知前面指定授權IHSS服務，將削減那一項。例如，如果你每月失去三個小時的服務，你可以從一種類型的服務選擇削減三個小時，或選擇在不同的服務之間平分那些時數。你必須告訴你的提供者（們）削減的總共時數，以及你選擇削減什麼服務。你無須告訴郡政府你選擇削減那些時數。這是你和你的提供者之間的事。

新的法例也適用於所有重新的評估。從2013年7月1日起，當重新的評估改變領取者的授權時數，百分之8的削減將實行在新的每月授權總共時數上。如在你每年的重新評估之前你的狀況惡化或情況有改變，你可以打電話到郡政府要求重新評估你的IHSS需要。郡政府將不會要求你提供醫療證明表格或醫生記錄，以顯示你狀況的變化。郡政府拒絕只有關新IHSS削減的重新評估的請求。如果你因任何其它原因被拒絕重新評估，你可以要求州聽證。

此通知附上有你的聽證權利。但是，如只要求州聽證有關新的州法例百分之8服務時數的削減，將不予受理。

如果你不明白這個新的削減，或者有這新法例的問題，請聯絡你郡政府IHSS辦公室。

## IN-HOME SUPPORTIVE SERVICES NOTICE OF ACTION MESSAGE 306A

Այս ծանուցումը նահանգային նոր օրենքի մասին է, որը կներգործի Ձեր IHSS-ի ժամաքանակի վրա:

2013 թ.-ի հուլիսի 1-ից ուժի մեջ մտնող նահանգային նոր օրենքում (Բարեկեցության եվ հաստատությունների մասին օրենսգրքի, Հոդված 12301.01) ասվում է, որ Սոցիալական ծառայությունների Կալիֆոռնիայի բաժանմունքը կրճատում է բոլոր IHSS ստացող անձանց ընդհանուր լիազորված ժամաքանակը 8 տոկոսով: Սա նշանակում է, որ սկսած 2013 թ.-ի հուլիսի 1-ից ընթացիկ 3,6 տոկոսանոց ժամանակավոր կրճատումը կավելանա եվս 4,4 տոկոսով: 8 տոկոսով կրճատումը ուժի մեջ կմնա 12 ամսով:

Դուք կարող եք ընտրել, թե Ձեզ համար հատկորոշված IHSS լիազորված ծառայություններից (ցուցադրված են Ձեր IHSS-ի Գրություն-ծանուցման սկզբնամասում) որոնք կարող են կրճատվել: Օրինակ, եթե Ձեզանից կրճատվում է ամսական երեք ժամ, ապա կարող եք ընտրել, որպեսզի այդ երեք ժամը կրճատվեն մեկ տեսակի ծառայությունից կամ բաժանել այդ ժամերը տարբեր ծառայությունների միջեւ: Դուք պետք է տեղեկացնեք Ձեր ծառայություն մատուցող(ներ)ին ընդհանուր ժամաքանակի կրճատման մասին եվ, թե հատկորոշված որ ծառայության ժամերից եք նախընտրում, որպեսզի կրճատվի: Այդ մասին կարող եք պայմանավորվել Ձեր ծառայություն մատուցողի հետ:

Նոր օրենքը վերաբերվում է նաեվ բոլոր վերագնահատումներին: 2013 թ.-ի հուլիսի 1-ից սկսած, երբ վերագնահատման արդյունքում փոխվեն ծառայություն ստացողի լիազորված ժամերը, 8 տոկոսանոց կրճատումը կվերաբերվի նոր ընդհանուր ամսական լիազորված ժամաքանակին: Եթե մինչեւ տարեկան վերագնահատումը Ձեր վիճակը վատանա կամ հանգամանքները փոխվեն, կարող եք դիմել վարչաշրջան՝ Ձեր IHSS կարիքների վերագնահատման խնդրանքով: Վարչաշրջանի կողմից Ձեր վիճակի փոփոխության մասին վկայող բժշկական հավաստագրում կամ բժշկի թուղթ չի պահանջվի: Միայն նոր IHSS կրճատումների վերագնահատման վերաբերյալ հայցը կմերժվի վարչաշրջանի կողմից: Եթե որոշակի պատճառով Ձեր վերագնահատման հայցը մերժվի, կարող եք գործի քննությունը հանձնել բողոքարկման:

Ձեր բողոքարկման իրավունքները ներառված են սույն հաղորդագրության մեջ: Ամեն դեպքում, գործի քննության բողոքարկման այն հայցերը, որոնք կվերաբերեն միայն 8 տոկոսով կրճատման վերաբերյալ նահանգային նոր օրենքին, կմերժվեն:

Եթե նոր կրճատումը Ձեզ հասկանալի չէ կամ հարցեր ունեք նոր օրենքի վերաբերյալ, կապվեք Ձեր վարչաշրջանի IHSS գրասենյակի հետ:

IN-HOME SUPPORTIVE SERVICES  
NOTICE OF ACTION MESSAGE 306B

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Your total monthly authorized hours have been cut by 8 percent. Here is why:

As a result of a new state law your total monthly authorized hours have been cut by 8 percent (WIC Section 12301.01).

You can choose which of your specific authorized IHSS services, shown on the front of your IHSS Notice of Action, will be cut. For example, if you lose three hours of service per month, you can choose to cut three hours from one type of service or choose to split up those hours among different services. You must tell your provider(s) of the cut in total hours and which specific service hours you choose to cut. You do not have to tell the county which hours you choose to cut. This is between you and your provider.

The new law also applies to all reassessments. Starting July 1, 2013, when a reassessment changes a recipient's authorized hours, the 8 percent cut applies to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the new cuts to IHSS will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing.

Your hearing rights are included with this message. However, requests for a state hearing only about the new state law requiring the 8 percent cut in service hours will be dismissed.

If you do not understand this new cut or have questions about the new law please contact your county IHSS office.

IN-HOME SUPPORTIVE SERVICES  
NOTICE OF ACTION MESSAGE 306B

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El total mensual de sus horas autorizadas ha sido recortado un ocho por ciento (8%). La razón es la siguiente:

Como resultado de una nueva ley estatal, el total mensual de sus horas autorizadas ha sido recortado un ocho por ciento (8%) (Sección 12301.01 del Código de Bienestar Público e Instituciones [W&IC]).

Usted puede escoger cuáles de sus horas de servicios específicos del Programa de Servicios de Apoyo en el Hogar (IHSS), las cuales aparecen en la primera página de su notificación de acción, se recortarán. Por ejemplo, si pierde tres horas de servicios por mes, usted puede escoger tres horas de un tipo de servicio o puede dividir esas horas entre diferentes servicios. Usted tiene que informarle a su proveedor(es) del total de recorte de horas y cuáles horas de servicios específicos usted escoge recortar. Usted no tiene que informarle al Condado cuáles horas escoge recortar. Esto es algo entre usted y su proveedor.

La nueva ley también aplica a todas las revaluaciones. A partir del 1º de julio, 2013, cuando una revaluación cambia las horas autorizadas para un beneficiario, el ocho por ciento (8%) aplica al nuevo total autorizado de horas por mes. Si su condición empeora o sus circunstancias cambian antes de su revaluación anual, puede llamar al Condado para pedir una revaluación de sus necesidades para IHSS. El Condado no le pedirá que usted proporcione un formulario de certificación médica ni una nota del doctor para mostrar el cambio en su condición. El Condado no aceptará la petición para una revaluación si solamente se trata del nuevo recorte de IHSS. Si le niegan una revaluación por algún otro motivo, usted puede solicitar una audiencia con el Estado.

Sus derechos para una audiencia se incluyen en este mensaje. Sin embargo, las peticiones para una audiencia con el Estado se descartarán si solamente se tratan del recorte del ocho por ciento (8%) en las horas de servicio.

Si usted no entiende este nuevo recorte o si tiene alguna pregunta acerca de la nueva ley, por favor comuníquese con la Oficina de IHSS del Condado.



IN-HOME SUPPORTIVE SERVICES  
NOTICE OF ACTION MESSAGE 306B

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你的每月總授權時數已減少百分之八。理由在於：

由於新的州法例，你每月的總授權時數已削減百分之8（WIC第12301.01欄）。

你可以選擇顯示在你的IHSS行動通知前面指定授權IHSS服務，將削減那一項。例如，如果你每月失去三個小時的服務，你可以從一種類型的服務選擇削減三個小時，或選擇在不同的服務之間平分那些時數。你必須告訴你的提供者（們）削減的總共時數，以及你選擇削減什麼服務。你無須告訴郡政府你選擇削減那些時數。這是你和你的提供者之間的事。

新的法例也適用於所有重新的評估。從2013年7月1日起，當重新的評估改變領取者的授權時數，百分之8的削減將實行在新的每月授權總共時數上。如在你每年的重新評估之前你的狀況惡化或情況有改變，你可以打電話到郡政府要求重新評估你的IHSS需要。郡政府將不會要求你提供醫療證明表格或醫生記錄，以顯示你狀況的變化。郡政府拒絕只有關新IHSS削減的重新評估的請求。如果你因任何其它原因被拒絕重新評估，你可以要求州聽證。

此通知連同你的聽證權利。然而，州聽證要求只有關削減百分之8服務時數新的州法例將被拒絕。

如果你不明白這個新削減，或者有這新法例的問題，請聯絡你郡政府IHSS辦公室。

## IN-HOME SUPPORTIVE SERVICES NOTICE OF ACTION MESSAGE 306B

Ձեր ամսական լիազորված ժամաքանակը կրճատվել է ութ տոկոսով: Կրճատման պատճառը.

Նահանգային նոր օրենքի արդյունքում Ձեր ամսական լիազորված ժամաքանակը կրճատվել է 8 տոկոսով (ԲՀՕ, Հոդված 12301.01):

Դուք կարող եք ընտրել, թե Ձեզ համար հատկորոշված IHSS լիազորված ծառայություններից (ցուցադրված են Ձեր IHSS-ի Գրություն-ծանուցման սկզբնամասում) որոնք կարող են կրճատվել: Օրինակ, եթե Ձեզանից կրճատվում է ամսական երեք ժամ, ապա կարող եք ընտրել, որպեսզի այդ երեք ժամը կրճատվեն մեկ տեսակի ծառայությունից կամ բաժանել այդ ժամերը տարբեր ծառայությունների միջև: Դուք պետք է տեղեկացնեք Ձեր ծառայություն մատուցող(ներ)ին ընդհանուր ժամաքանակի կրճատման մասին եվ, թե հատկորոշված որ ծառայության ժամերից եք նախընտրում, որպեսզի կրճատվի: Այդ մասին կարող եք պայմանավորվել Ձեր ծառայություն մատուցողի հետ:

Նոր օրենքը վերաբերվում է նաեվ բոլոր վերագնահատումներին: 2013 թ.-ի հուլիսի 1-ից սկսած, երբ վերագնահատման արդյունքում փոխվեն ծառայություն ստացողի լիազորված ժամերը, 8 տոկոսանոց կրճատումը կվերաբերվի նոր ընդհանուր ամսական լիազորված ժամաքանակին: Եթե մինչեվ տարեկան վերագնահատումը Ձեր վիճակը վատանա կամ հանգամանքները փոխվեն, կարող եք դիմել վարչաշրջան՝ Ձեր IHSS կարիքների վերագնահատման խնդրանքով: Վարչաշրջանի կողմից Ձեր վիճակի փոփոխության մասին վկայող բժշկական հավաստագրում կամ բժշկի թուղթ չի պահանջվի: Միայն նոր IHSS կրճատումների վերագնահատման վերաբերյալ հայցը կմերժվի վարչաշրջանի կողմից: Եթե որոշակի պատճառով Ձեր վերագնահատման հայցը մերժվի, կարող եք գործի քննությունը հանձնել բողոքարկման:

Ձեր բողոքարկման իրավունքները ներառված են սույն հաղորդագրության մեջ: Ամեն դեպքում, գործի քննության բողոքարկման այն հայցերը, որոնք կվերաբերեն միայն 8 տոկոսով կրճատման վերաբերյալ նահանգային նոր օրենքին, կմերժվեն:

Եթե նոր կրճատումը Ձեզ հասկանալի չէ կամ հարցեր ունեք նոր օրենքի վերաբերյալ, կապվեք Ձեր վարչաշրջանի IHSS գրասենյակի հետ:

# RIGHT TO REQUEST A STATE HEARING

1. You have the right to a conference with representatives of the County Welfare Department to talk about this intended action. At such a conference, you may speak for yourself or be represented by a lawyer, a friend or other spokesperson. If you want a conference, contact your county department.
2. Whether you request a conference or not, you also have the right to request a State Hearing and decision by the director of the California Department of Social Services (see form below). Your request may be written or oral but it must state that you want a hearing and why you are dissatisfied. **YOUR REQUEST FOR A HEARING MUST BE MADE WITHIN 90 DAYS OF THE MAILING DATE OF THIS NOTICE.**
3. **IF YOU REQUEST A STATE HEARING AT ANYTIME BEFORE THE EFFECTIVE DATE OF THE COUNTY'S PROPOSED ACTION, YOUR SERVICES MAY CONTINUE UNTIL THE HEARING.** You will not be liable for repayment of services monies received pending the hearing, even if the result is a denial, provided your request in made in good faith.
4. You may request a State Hearing on your own, or you may ask your county department for assistance. In either case, however, be sure to inform your county department worker as soon as possible.
5. At a State Hearing you have the right to be represented by an attorney or any other person (a friend, relative, or other spokesperson), of your choice. You may obtain free legal advice and the services of a lawyer. You can get help in locating free legal assistance by calling the toll-free

number of Public Inquiry and Response. You may also contact the nearest social service rights organization for assistance in presenting your claim.

6. State regulations governing State Hearings for social services are available at the office of County Welfare Department.
7. Information Practices- The information you are requested to provide is mandatory in order to process your request for a State Hearing pursuant to W&IC 10950. A case file will be established by the Office of the Chief Administrative Law Judge. You have the right to examine the materials that constitute the record for decision. Any information you provide may be shared with the County Welfare Department or the United States Department of Health and Human Services.

If you wish to make a written request for a State Hearing, please send this page to the County Welfare Department. The address is found on the front side of your IHSS Notice of Action on the top right hand corner.

To make an oral request for a State Hearing, or obtain further information about your State Hearing rights or files you may contact;

Public Inquiry and Response  
 California Department of Social Services  
 744 P Street, Mail Station 8-4-23  
 Sacramento, CA 95814  
 (800) 952-5253 (toll-free number)\*  
 TDD (800) 952-8349\* For Hearing and Speech Impaired  
 \*You may have to dial a "1" first.

## REQUEST FOR A STATE HEARING

Name (Last, First, Middle Initial)	Phone No.	Social Security No.
Address	City	State
		Zip Code
I hereby request a State Hearing before the California Department of Social Services on the action taken by the County regarding my social services. The reasons for my request are as follows:		
I have trouble understanding English, therefore I request an interpreter for my hearing in the following:		Language                      Dialect
Signature		Date Signed
<b>AUTHORIZED REPRESENTATIVE</b>		
I have authorized the following person to act on my behalf in my appeal. I authorize the Department to release any or all information about my case to that person		
Name of Authorized Representative		
Address of Authorized Representative		
Signature of State Hearing Applicant		Date Signed

# DERECHO A SOLICITAR UNA AUDIENCIA CON EL ESTADO

1. Usted tiene derecho a una conferencia con representantes del departamento de bienestar público del condado para hablar acerca de la acción que se propone llevar a cabo. En dicha conferencia, usted puede hablar por sí mismo o puede ser representado por un abogado, un amigo o una persona que hable de parte de usted. Si usted quiere una conferencia, comuníquese con el departamento del condado.
2. Ya sea que solicite una conferencia o no, usted también tiene derecho a solicitar una audiencia con el Estado y una decisión del director del Departamento de Servicios Sociales de California (vea el formulario en la parte de abajo). Su petición puede ser escrita u oral pero tiene que indicar el motivo por el cual quiere una audiencia y porqué no está satisfecho. **SU PETICIÓN PARA UNA AUDIENCIA SE TIENE QUE HACER ANTES DE QUE PASEN 90 DÍAS A PARTIR DE LA FECHA EN QUE SE ENVIÓ ESTA NOTIFICACIÓN.**
3. **SI USTED SOLICITA UNA AUDIENCIA CON EL ESTADO EN CUALQUIER MOMENTO ANTES DE LA FECHA EN QUE ENTRE EN VIGOR LA ACCIÓN, ES POSIBLE QUE SUS BENEFICIOS CONTINÚEN HASTA QUE SE LLEVE A CABO LA AUDIENCIA.** Usted no será responsable de pagar el dinero por los servicios recibidos cuando la audiencia está pendiente, aún si el resultado es una negación, siempre y cuando su petición se haga de buena fe.
4. Usted mismo puede solicitar una audiencia con el Estado, o puede pedirle al departamento del condado que le ayude. En cualquier caso, sin embargo, asegúrese de informar lo más pronto posible al trabajador del departamento del condado encargado de su caso.
5. En una audiencia con el Estado, usted tiene derecho a ser representado por un abogado o cualquier otra persona que usted escoja (un amigo, pariente, u otra persona que hable por usted). Usted puede obtener asesoramiento legal gratuito y los servicios de un abogado. Usted puede obtener ayuda para localizar asistencia legal gratuita llamando el número de teléfono gratuito de la Oficina de Preguntas y Respuestas al Público (*Public Inquiry and Response*). Usted también puede comunicarse con la organización de derechos para servicios sociales más cercana para ayuda para presentar su reclamo.
6. Los ordenamientos estatales que gobiernan las audiencias con el Estado para servicios sociales están disponibles en la oficina de bienestar público del condado.
7. Procedimientos relacionados a la información. Es obligatorio que proporcione la información que se le pide para poder tramitar su petición para una audiencia con el Estado de acuerdo a lo estipulado en la Sección 10950 del Código de Bienestar Público e Instituciones (W&IC). Se establecerá un expediente del caso en la Oficina del Jefe de Jueces de Leyes Administrativas (*Office of the Chief Administrative Law Judge*). Usted tiene derecho a examinar los documentos del expediente para la decisión. Cualquier información que usted proporcione se puede compartir con el departamento de bienestar público del condado o el Departamento de Salud y Servicios Humanos de los Estados Unidos.

Si usted desea presentar por escrito una petición para una audiencia con el Estado, por favor envíe esta página al departamento de bienestar público del condado. La dirección se encuentra en la parte de arriba, a mano derecha, de la primera página de su notificación de acción del Programa de Servicios de Apoyo en el Hogar (IHSS)

Para solicitar por teléfono una audiencia con el Estado, o para obtener más información acerca de sus derechos a una audiencia con el Estado o sus expedientes, comuníquese con:

Public Inquiry and Response  
 California Department of Social Services  
 744 P Street, Mail Station 8-4-23  
 Sacramento, CA 95814  
 1-800-952-5253 (número de teléfono gratuito)\*  
 TDD 1-800- 952-8349\* para personas con problemas de audición o del habla

\*Es posible que tenga que marcar el "1" primero.

## PETICIÓN PARA UNA AUDIENCIA CON EL ESTADO

Nombre (Apellido, primer nombre, inicial del nombre que usa en medio)		Número de teléfono	Número de Seguro Social
Dirección	Ciudad	Estado	Código Postal
Por medio del presente solicito una audiencia con el Estado ante el Departamento de Servicios Sociales de California acerca de la acción que llevó a cabo el condado en relación a mis servicios sociales. La razón de mi petición es la siguiente:			
Tengo problemas para entender el inglés, por lo tanto, solicito un intérprete para mi audiencia en el siguiente idioma:		Idioma	Dialecto
Firma		Fecha de la firma	
<b>REPRESENTANTE AUTORIZADO</b>			
He autorizado a la siguiente persona para actuar en mi nombre en mi apelación. Autorizo al Departamento para que comparta con esta persona cualquier o toda la información acerca de mi caso.			
Nombre del representante autorizado			
Dirección del representante autorizado			
Firma de la persona que solicita la audiencia con el Estado		Fecha de la firma	

# 要求州聽證會的權利

1. 你有權利與郡福利部代表在會議談論這個行動。在這會議裏，你可為自己或由律師，朋友或其他發言人代表發言。如果你想要一個會議，請聯絡你的郡政府部門。
2. 無論你是否要求一個會議，你也有權利要求州聽證會和一個由社會服務部主任所作的決定（見下面的表格）你的請求可以書面或口頭申請，但必須指出你請求聽證會和你有何不滿意。你的聽證會請求必須在本通知的郵寄日期90天之內申請。
3. 如果你要求州聽證會日期隨時在郡提出的行動有效日期之前舉行，你的服務可能會一直繼續到聽證會。你將不會承擔償還在聽證會之前收到的款項，即使結果是被拒絕，只要你的請求是真誠提出。
4. 你可以自己要求一個州聽證會，或者你可以要求你郡部門的援助。無論如何，請盡快通知你的郡部門工作人員。
5. 你有權選擇委託律師或任何其他人士（朋友，親戚或其他發言人）代表你出席州聽證會。你可以得到免費的法律諮詢和律師的服務。你可從公眾詢問處的免費電話獲得免費法律援助地

址。你也可以聯絡就近的社會服務權利組織提出委託你申請的要求。

6. 州政府規定社會服務處聽證會可在郡福利辦公室提供。
7. 資料處理 - 根據州聽證法例 W&IC10950，要求你提供的資料是硬性規定的，以便處理你所要求的州聽證會。案件文件將由仲裁長辦公室確定。你有權審查構成決定紀錄的資料。你提供的資料可以與郡福利部或美國衛生與人文服務部分享。

如果你想書面請求州聽證，請將此頁寄回郡福利部。地址是在此通知頭版的右上角。

有關口頭請求州聽證會，或取得更多有關你的州聽證權利或檔案文件的資料，你可以聯絡：

Public Inquiry and Response  
State Department of Social Services  
744 P Street, Mail Station 8-4-23  
Sacramento, CA 95814  
(800) 952-5253 (toll-free number)\*  
TDD (800) 952-8349\* 聽覺和言語障礙  
\*你可能必須要先撥打“1”字

## 要求州聽證會

姓名（姓，名，中間名縮寫）	電話號碼	社會保險號碼	
地址	城市	州	郵政編碼
我在此向社會服務處有關對我的社會服務行動要求州聽證會。我要求的原因如下：			
我不太懂英語，所以我要求我的聽證會翻譯員翻譯的語言是：		語言	地方話
簽名	簽名日期		

## 授權代表

我已授權下面所述人士在聽證會代表本人。本人授權部門透露任何或所有有關我案件的資料給該人。

授權代表姓名	
授權代表地址	
州聽證會申請人簽名	簽名日期



## **ATTACHMENT C**

### CMIPS II NOA MESSAGES

#### LM02 – Temporary Message

This notice is about a new state law that affects your IHSS hours.

Starting July 1, 2013, a new state law (Section 12301.01 of the Welfare and Institutions Code) says the California Department of Social Services must cut all IHSS recipients total authorized hours by 8 percent. This means that the current temporary cut of 3.6 percent will be increased by an additional 4.4 percent starting July 1, 2013. The 8 percent cut will remain in effect for 12 months. Starting July 1, 2013, your new monthly IHSS hours will be ###.##.

You can choose which of your specific authorized IHSS services, shown on the front of your IHSS Notice of Action, will be cut. For example, if you lose three hours of service per month, you can choose to cut three hours from one type of service or choose to split up those hours among different services. You must tell your provider(s) of the cut in total hours and which specific service hours you choose to cut. You do not have to tell the county which hours you choose to cut. This is between you and your provider.

The new law also applies to all reassessments. Starting July 1, 2013, when a reassessment changes a recipient's authorized hours, the 8 percent cut applies to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the new cuts to IHSS will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing.

Your hearing rights are included with this message. However, requests for a state hearing only about the new state law requiring the 8 percent cut in service hours will be dismissed.

If you do not understand this new cut or have questions about the new law please contact your county IHSS office.

#### CMIPS II –LM03 Ongoing Message

As a result of a new state law your total monthly authorized hours of ###.## have been cut by 8 percent to ###.## (WIC Section 12301.01). Here is why:

A new state law (Section 12301.01 of the Welfare and Institutions Code) says the California Department of Social Services must cut all IHSS recipients' total authorized monthly hours by 8 percent. The 8 percent cut will remain in effect for 12 months.

You can choose which of your specific authorized IHSS services, shown on the front of your IHSS Notice of Action, will be cut. For example, if you lose three hours of service per month, you can choose to cut three hours from one type of service or choose to split up those hours among different services. You must tell your provider(s) of the cut in total hours and which specific service hours you choose to cut. You do not have to tell the county which hours you choose to cut. This is between you and your provider.

The new law also applies to all reassessments. Starting July 1, 2013, when a reassessment changes a recipient's authorized hours, the 8 percent cut applies to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the new cuts to IHSS will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing.

Your hearing rights are included with this message. However, requests for a state hearing only about the new state law requiring the 8 percent cut in service hours will be dismissed.

If you do not understand this new cut or have questions about the new law please contact your county IHSS office.



**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM  
NOTICE OF DENIAL OF REQUEST FOR  
IN-HOME REASSESSMENT BASED ON STATE LAW CHANGE**

**TO:**

Notice Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
IHSS Office Address: \_\_\_\_\_  
IHSS Office Telephone: \_\_\_\_\_

Your request for an in-home reassessment has been denied because:

On \_\_\_\_\_ / \_\_\_\_ / 20\_\_ you asked for a reassessment based on a change in state law which requires all IHSS recipients' authorized services hours to be reduced by \_\_\_\_ percent. Your need for IHSS services has not changed. It has been determined that there has been no change to your physical or mental condition nor has there been a change in your living situation.

Your State Hearings rights are included with this message.