



CDSS

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DIRECTOR

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

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ARNOLD SCHWARZENEGGER
GOVERNOR

May 26, 2010

ALL-COUNTY INFORMATION NOTICE: I-44-10

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY IHSS PROGRAM MANAGERS

SUBJECT: MODIFICATIONS TO THE NOTICE OF ACTION (NOA) 350
MESSAGE STUFFER

REFERENCE: ACL 09-47 (September 16, 2009) Statutory Changes in the California Department of Social Services' Program for Payment of Medi-Cal Recognized Expenses (Otherwise Known as the Share Of Cost Buyout Program), Including its Elimination Effective October 1, 2009; and Creation of Welfare and Institutions Code (WIC) 14132.952.

This All-County Information Notice (ACIN) provides counties with information regarding modifications to the Notice of Action (NOA) 350 message stuffer. These modifications are being made to reflect the elimination of the Share of Cost (SOC) Buyout program and the replacement of the In-Home Supportive Services (IHSS) Plus Waiver (IPW) program, which expired September 30, 2009, with the In-Home Supportive Services Plus Option (IPO) effective October 1, 2009.

The previous version of the NOA message stuffer included language about the SOC comparison and Buyout, which has been removed from the current version. Additionally, the IPW name was changed to reflect the new IPO program. A copy of the revised NOA 350 message stuffer (version 1/11/2010) is attached.

All-County Letter 09-47 previously instructed counties to continue to calculate the In-Home Supportive Services – Residual (IHSS-R) Program SOC amount for recipients who have a Medi-Cal SOC greater than zero. This is the amount for which a recipient would be responsible under the IHSS-R Program if terminated from the Medi-Cal Program. The NOA 350 message stuffer should be included any time this calculation is done and displayed on the NOA (NA 690).

We are in the process of translating the NOA 350 message stuffer into the three additional threshold languages – Spanish, Armenian and Chinese. Copies will be provided to each county as soon as they are available. As a reminder, each county shall provide bilingual/interpretive services and written translations to non-English or

REASON FOR THIS TRANSMITTAL

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

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limited-English proficient populations as required by the Dymally-Alatorre Bilingual Services Act (Government Code section 7290 et seq.) and by State regulation (Manual of Policies and Procedures Division 21, Civil Rights Nondiscrimination, section 115).

If you have any questions regarding any of these changes, please call the Waiver and Policy Development Unit at (916) 229-4000.

Sincerely,

Original Document Signed By:

EILEEN CARROLL, Chief
Adult Programs Branch
Adult Programs Division

Attachment

IN-HOME SUPPORTIVE SERVICES
NOTICE OF ACTION MESSAGE 350

Note: This notice relates ONLY to your Social Services.
It does NOT affect your receipt of SSI/SSP, Social Security or Medi-Cal.

(A) IHSS PLUS OPTION (IPO) PROGRAM

(B) PERSONAL CARE SERVICES PROGRAM (PCSP)

You get IHSS as a service of your Medi-Cal through either the IHSS Plus Option (IPO) or the Personal Care Services Program (PCSP). A box is checked above next to (A) or (B) to tell you which program you get services from. 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 Medi-Cal share of cost, a letter will be sent to you each time one of your provider's payments is processed telling you how much you need to pay your provider. You will only pay the IHSS share of cost indicated at the top of your attached In-Home Supportive Services (IHSS) Notice of Action (NA 690) if you are discontinued from Medi-Cal.

OR

(C) IHSS-RESIDUAL (IHSS-R) PROGRAM

You get IHSS from the IHSS-Residual program. Your IHSS share of cost is displayed at the top of your attached In-Home Supportive Services (IHSS) Notice of Action (NOA 690). 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.

YOU HAVE THE RIGHT TO FILE A WRITTEN OR ORAL REQUEST FOR A STATE HEARING. PLEASE SEND YOUR WRITTEN REQUEST TO THE COUNTY ADDRESS ON THE TOP RIGHT HAND CORNER OF THE ATTACHED IN-HOME SUPPORTIVE SERVICES NOTICE OF ACTION (NOA 690) FORM.