



CDSS

WILL LIGHTBOURNE
DIRECTOR

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

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

DATE

ALL COUNTY INFORMATION NOTICE NO. I-XX-18

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: REVISED NOTICE OF ACTION MESSAGES

REFERENCE: [WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 12300.2](#);
[CALIFORNIA CODE OF REGULATIONS \(CCR\) SECTION 50176](#);
[MANUAL OF POLICIES AND PROCEDURES \(MPP\) SECTION 22-072.5](#)

PURPOSE

This All-County Information Notice (ACIN) transmits to counties information about revised Notice of Action (NOA) messages. Select NOA messages are being revised to provide additional clarity as to what action the county has taken and how that action affects the provision of In-Home Supportive Services.

REVISED NOTICE OF ACTION (NOA) MESSAGES

The following NOA messages are developed and organized pursuant to the IHSS program's regulatory requirements. The county will use these messages to provide additional applicant/recipient-specific explanation for the county action. These NOA messages will be migrated to the CMIPS II system within the next expected CMIPS II update in November of 2018.

[CCR Section 50176](#)

Manual NOA Message: DN15

Original Text: 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 dated [Application Date] for IHSS services has been denied.

Revised Text: To the estate of RECIPIENT FULL NAME. The county regrets to inform you that due to the death of RECIPIENT FULL NAME on MMDDYYYY, the application for IHSS services dated [Application Date] has been denied.

Automatic NOA Message: TR17

Original Text: 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.

Revised Text: To the estate of RECIPIENT FULL NAME. The county regrets to inform you that due to the death of RECIPIENT FULL NAME on MMDDYYYY, IHSS services for RECIPIENT FULL NAME have been terminated.

Automatic NOA Message: PR04

Original Text: 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.

Revised Text: To the estate of RECIPIENT FULL NAME. The county regrets to inform you that due to the death of RECIPIENT FULL NAME on MMDDYYYY, the authorized service hours for RECIPIENT FULL NAME have been reassessed for the period MMDDYYYY through MMDDYYYY. The total authorized hours for this period are ### hours, ## minutes.

[MPP Section 22-072.5](#)

Manual NOA Message: SH04

Original Text: This Notice of Action is to tell you that your authorized hours for IHSS have been restored because you have requested a State Hearing prior to the date a decrease was to have been effective. (MPP 22-072.5)

Revised Text: This Notice of Action is to tell you that your authorized hours for IHSS have been temporarily restored because you have requested a State Hearing before the date your IHSS hours were to be decreased. After the hearing, a final decision about your IHSS hours will be made. (MPP 22-072.5)

Automatic NOA Message: SH05

Original Text: This Notice of Action is to tell you that your authorized hours for IHSS have been restored because you have requested a State Hearing prior to the date a discontinuance of services was to have been effective. (MPP 22-072.5)

Revised Text: This Notice of Action is to tell you that your authorized hours for IHSS have been temporarily restored because you have requested a State Hearing before the date your IHSS services were to be ended. After the hearing, a final decision about your IHSS hours will be made. (MPP 22-072.5)

NOA MESSAGE TRANSLATIONS

The NOA messages will be translated into the current threshold languages: Armenian, Chinese, and Spanish. For questions on translated materials, please contact Language Services at (916) 651-8876.

Counties shall ensure that effective bilingual services are provided. The requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. More information regarding translations can be found in [MPP Section 21- 115](#).

Questions and/or requests for clarification on the information transmitted in this ACL may be directed to the Adult Programs Division, Policy and Operations Bureau at (916) 651-5350.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division
c: CWDA