

CHAPTER 2

ELIGIBILITY AND CASE MANAGEMENT

NOTICE OF ACTION REFERENCE GUIDE

IHSS Notices

Notice of Action - NOA 690

An automated Notice of Action (NOA 690) will be produced when the following actions are noted on the SOC 293 and entered into CMIPS:

- Provisional approval
- Approval
- Denial
- Reassessment/change in SOC
- Discontinuance

Right to Hearing

A Notice of Action containing information about the right to request a hearing will be provided to the applicant/recipient or applicant/recipient when:

- An application is denied.
- An approval action is taken (including redeterminations and reassessments).
- An existing authorization is adversely altered, discontinued, reduced, or the share-of-cost is changed.

Timely Notice Requirement

A Notice of Action will be provided in a timely manner.

- An approval or denial notice will be provided within 30 days of the date the application is signed (Box 7 of the SOC 295).
- A Notice of Action reducing or discontinuing an existing service authorization or changing a share-of-cost must be mailed in time for the applicant/recipient to have received the notice 10 days in *advance* of the effective date of the intended action. The 10-day period does not include the day of mailing or the effective day of the action.

Share-of-Cost NOA 350

NOA 350 was created to explain all share-of-cost obligations to the applicant/recipient. This NOA message must be included as an attachment when any share-of-cost NOA is generated. IHSS Social Workers will need to mark the appropriate box:

- A for IHSS Plus Waiver (2L)
- B for Personal Care Services (2M)
- C for Residual (2N).

All Notices

A Notice of Action must include the following:

- The effective dates of the intended action, i.e., the beginning and ending dates of the service authorization or period of eligibility.

- A notice which denies, reduces, or discontinues a service, or which increases a share-of-cost, will include the information concerning the applicant's/recipient's circumstances which have been used to make the determination and will cite the specific item in the State DSS Manual, Chapter 30-700, which supports the action. Ten-day notice must be provided on all discontinuances and reductions in hours.

Approval Notices

An Approval Notice of Action must:

- State the beginning and ending dates of the authorized services (from the SOC 293).
- Include an itemized listing of the hours and services authorized either per week or per month.
- State the total number of hours authorized per month.
- Specify the applicant's/recipient's SOC, if any.

Advance Pay

In addition to stating the number of hours authorized per month, an approval Notice of Action for any advance pay applicant/recipient must include.

- The amount of money to be paid (rate X hours).
- The fact that SDI and Social Security taxes (unless exempt) will be deducted from gross wages.
- An approval Notice of Action must indicate to the severely impaired that they have a right to request advance payments.

Exceptions to Timely Notice

An exception may be made to the timely notice requirement when the conditions specified below are present. When the following circumstances apply, an adequate notice of *no later* than the effective date of the action will be used.

- When factual information confirming the death of the applicant/recipient is received, address the Notice of Action, "C/O The Estate of..."
- When the worker receives a signed statement from the applicant/recipient that he/she no longer wants services.
- When the worker receives a signed statement that the applicant/recipient will not pay the SOC.
- When a applicant/recipient has been admitted to an institution, a skilled nursing facility, intermediate care facility, or for a long-term hospitalization.
- When a notice to the last address has been returned as undelivered and a new address is not known.
- When the applicant/recipient has moved out of the country (refer to Chapter 2, Residency).
- When a signed statement is received that the applicant/recipient will not supply essential eligibility information. (*The original request for information must clearly state that the service will be withheld if essential information is not received by a specified date.*)
- When a limited-term services authorization ends, providing the applicant/recipient has been informed in writing at the time of approval that the allowance would terminate on a specified date.

A copy of the Notice of Action *must* be filed in the service folder.

CMIPS Notices

Notice of Action messages may be automated or worker generated. Automated messages are triggered by entries into the CMIPS system. There are many instances which necessitate a worker-generated notice, such as when a applicant/recipient must be shown on leave, have services changed, or terminated.

NOA Codes

- The Notice of Action code must be entered on the SOC 293 in Field ZZ2 RSN CD. CD. Up to four codes may be entered.
- The automated message codes are in the number sequence of 300 through 399. There is no need to put these codes in Field ZZ2.
- The worker-generated message codes are in the number sequence 400 through 799. These messages can only be generated if codes are put in Field ZZ2.
- Certain worker-generated message codes in the number sequence 550 through 600 are designated as “boiler plate” messages. When used, the Social Worker must fill in the blanks.
- The number sequence 800 through 999 has been reserved for special circumstances such as unusual SOC 293 transactions, litigation or mass mailings.

All Notice of Action messages that are incorporated into CMIPS have been reviewed and approved by the California Department of Social Services (CDSS). If a need is seen for additional Notice of Action messages, suggestions to SDSS will be made. *Do not* use the existing messages inappropriately.

EXAMPLES:

- NOA 554, “Please contact your Service Worker when you select an Individual Provider. MPP 30-767.1,”

Do not use to discontinue a case because the IHSS applicant/recipient does not have a Provider. You must, instead, have a valid reason for discontinuance.

- NOA 426, “You have been out of the country for a full calendar month. 20 CFR 416.1605”

Do not use to discontinue a case because a applicant/recipient has moved from the county by crossing out the “r” in country. You must, instead, have a valid reason for discontinuance.

Additional, information on CMIPS Notice of Action messages is contained in the CMIPS User’s Manual Chapter V, pages F-1 through F-12.

Manual Completion of IHSS Notices

Occasionally, a Social Worker will not use the CMIPS-generated Notice of Action. The following instructions are for manually completing a Notice of Action.

Approval

1. Domestic Services – convert to tenths and multiply by 4.33. Fill in top line and carry the same figure down to monthly authorization.

2. Transfer all non-medical personal services from the SOC 293 to the NA 690; including the total.
3. Transfer all related services from the SOC 293 to the NA 690, including the total.
4. Transfer other figures from the SOC 293, if applicable (Protective Supervision, teaching, paramedical, etc.).
5. Add lines together in “monthly authorization.” This should equal the monthly hours shown on the SOC 293.

Continue to send a copy of the SOC 293 to the payroll unit to mail to the Provider with his/her timesheets.

Additional Guidelines

- All above figures must be *legibly* written or typed. Information other than the figures *must* be typed.
- Be sure to include your County address, stamped in the top, right corner.

Discontinuance

- Complete the entire form, using the guidelines for Approval (NOA’s).
- See approval instructions regarding computation of figures.
- If the applicant/recipient is deceased, a Notice of Action is sent to the estate of the applicant/recipient without itemization of service hours.

Denial

- If the Social Worker has completed a SOC 293 to make a denial determination, the hours must be filled in. See approval Instructions regarding computation of figures.
- If there is no SOC 293, the hours cannot be filled in.

Recertification – Reassessment – Change

- The SOC 293 is filled out on *all* changes including recerts, even if only the dates of recertification change.
- If the only change is the date, you may fill in the column “Hours Now Authorized” and leave the other two columns blank.
- If hours have changed, use the current SOC 293 to fill in “Hours Now Authorized.” You must compute the “Increase or Decrease” and fill in. Insert a zero when there is no change. As a check, you should be able to add/subtract “Previous House Authorized” from “Hours Now Authorized” to equal the total increase/decrease.