

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM NOTICE TO PROVIDER OF APPROVAL OF EXEMPTION FROM THE IN-HOME SUPPORTIVE SERVICES PROGRAM WORKWEEK LIMITS FOR EXTRAORDINARY CIRCUMSTANCES

(ADDRESSEE)

County of: _____

Notice Date: _____

IHSS Office Address: _____

IHSS Office Telephone: _____

- Initial Exemption
- Exemption Renewal

Provider Name: _____

Provider Number: _____

You are receiving this letter because you are the IHSS provider for the following recipients:

- Recipient #1: <Recipient Name> Case Number: <Recipient Case #>
- Recipient #2: <Recipient Name> Case Number: <Recipient Case #>
- Recipient #3: <Recipient Name> Case Number: <Recipient Case #>
- Recipient #4: <Recipient Name> Case Number: <Recipient Case #>

As of the date of this notice, the request for an exemption is approved for <complex medical and/or behavioral needs OR rural and/or remote location OR language/communication barriers>. The approved exemption applies only for work you perform for the recipients listed above. The recipients will also receive a notice that the exemption request has been approved.

In the future, if your employment arrangements change and you no longer work for the above-named recipients, the exemption will be rescinded and you will be subject to the standard workweek limits. In that case, the maximum number of hours you would be able to work in a workweek for two or more recipients combined would be 66 hours.

As a condition of being granted an exemption, you must sign the enclosed IHSS Program Exemption from Workweek Limits for Extraordinary Circumstances Approved Exemption Provider Agreement (APD 006) and return it to the county.

The approval of the exemption means that, while it remains in effect, you may work up to a combined total of 360 hours per month. You may not work more than the monthly authorized hours for any one recipient. If your recipients' combined authorized hours total more than 360 per month, one or more of the recipients will need to hire another provider to work the hours above 360 per month. If you work more than 360 hours per month, it could lead to being ineligible to be a provider in the IHSS program.

The exemption will be in effect until **<Expiration Date>**. Within 60 days prior to the expiration of your exemption period, the county will review the recipients' cases to determine whether the circumstances the exemption was based on continue to exist and, if so, the county will initiate a renewal of the exemption on your behalf.

If you have any questions, please contact your recipient's IHSS County Social Worker at the IHSS office telephone number above.

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