

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM NOTICE TO PROVIDER FOR DISCONTINUANCE OF EXEMPTION FROM WORKWEEK LIMITATIONS FOR EXTRAORDINARY CIRCUMSTANCES

(ADDRESSEE)

County of: _____

Notice Date: _____

IHSS Office Address: _____

IHSS Office Telephone: _____

Provider Name: _____

Provider Number: _____

To: In-Home Supportive Services (IHSS) Provider

As of **(DATE of APPROVAL)**, you were granted an Exemption from Workweek Limitations for Extraordinary Circumstances (Exemption 2) for the IHSS recipients listed below:

Recipient Name: **(Recipient Name)** Case Number: **(Case Number)**

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This notice is to inform you that at the end of service month **(Effective Month and YEAR)**, your Exemption 2 is being discontinued due to the following:

- You are no longer providing services for one or more of the recipients for which the exemption was granted.
- You no longer reside with one or more of the recipients for which the exemption was granted.
- One or more of the recipients for which the exemption was granted has had a reduction in authorized IHSS hours, which allows you to work within the workweek limitations.

- One or more of the recipients for which the exemption was granted no longer meets the criteria for an Exemption 2.
- The recipient(s) have hired an additional provider(s) and therefore, you are able to comply with the workweek limitations.
- You did not submit to the county a signed copy of Exemption From Workweek Limits For Extraordinary Circumstances Approved Exemption Provider Agreement (SOC 2311).

OTHER: _____

This discontinuance means you will be subject to comply with the existing workweek limitations. Therefore, the maximum number of hours you may work in a workweek for two (2) or more recipients combined is 66 hours. Once you work the maximum weekly hours your IHSS recipients must hire another IHSS provider to work their remaining authorized IHSS hours.

If you submit timesheets that report working hours that exceed the 66 hour workweek limitations for pay periods after the effective date of the discontinuance, you will accrue a violation.

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