

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

(ADDRESSEE)

County of: _____

Notice Date: _____

IHSS Office Address: _____

IHSS Office Telephone: _____

Provider Name: _____

Provider Number: _____

- Initial Exemption
 Exemption Renewal

The **<County IHSS Agency>** has gathered information from the you and your provider to obtain information supporting the provider's need for an Extraordinary Circumstances exemption. Based on our evaluation of this information, the requirements for granting an Extraordinary Circumstance Exemption (Exemption 2) have not been met. This provider has been determined ineligible for the following reasons:

Does not meet basic Exemption 2 criteria:

- Your provider does not provide services for two or more IHSS recipients.
- One or all of the recipients applying under the Complex Medical and/or Behavioral criteria do not live in the same home as the provider.
- The total number of authorized hours for all recipients included under the provider's caseload does not exceed 264 hour per month; therefore, an exemption is not needed.
- The authorized hours for all recipients have been assigned to active providers; therefore, an exemption is not needed.

You were evaluated for an Exemption 2 and it was determined that:

- The recipients/authorized representatives (AR) have not explored ALL options for finding an additional provider(s) so that all of their authorized services can be provided within the IHSS program workweek limits.
- Recipient(s) do not have complex medical and/or behavioral needs
- Recipient(s) do not live in a rural/remote area.

- Recipient(s) do not meet Language/Communication Barrier criteria.
- Recipient(s) did not demonstrate that services could not be provided with initial interpretive assistance.
- Failing to provide sufficient justification as to why all the authorized service hours of the recipients could not be worked by additional providers when there are other providers associated with the case.
- Recipient(s) have exhibited an ability to work with other providers.

Because your provider has been determined ineligible for an exemption, he/she will be subject to the existing workweek limits. Therefore, the maximum number of hours he/she may work in a workweek for two or more recipients combined is 66 hours. Either you or one of the other recipients your provider works for will need to hire another IHSS provider(s) to work any remaining authorized IHSS hours above the 66 hour per workweek limit.

Pursuant to Welfare and Institutions Code section 12300.4 (d)(3)(E)(iii), the provider and recipients may request an appeal of this determination within 20 days of this notice date. An administrative review request form has been attached to this notice for your convenience.

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