

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM****NOTICE TO PROVIDER 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: \_\_\_\_\_

- Initial Exemption  
 Exemption Renewal

Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

The **<County IHSS Agency Name>** gathered information from you and the recipients in order to obtain information supporting your 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. You have been determined ineligible for the following reasons:

 **Does not meet basic Exemption 2 criteria:**

- You do 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) you work for 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 you have been determined ineligible for an exemption, you will be subject to the existing workweek limitations. Therefore, the maximum number of hours you may work in a workweek for two or more recipients combined is 66 hours. The recipients you work for will need to hire another IHSS provider(s) to work any remaining authorized IHSS hours.

If you have received any violations for submitting timesheets reporting working more hours than the workweek limits, the county will rescind those violations that you received from the date the exemption request was submitted up to the date of this letter.

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.