



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

Date

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

ALL COUNTY LETTER (ACL) NO. 18-XX

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY IN-HOME SUPPORTIVE SERVICES (IHSS)  
PROGRAM MANAGERS

SUBJECT: EXEMPTION FROM WORKWEEK LIMITS FOR  
EXTRAORDINARY CIRCUMSTANCES (EXEMPTION 2) - STATE  
ADMINISTRATIVE REVIEW PROCESS

REFERENCE: [SENATE BILL \(SB\) 89](#); [WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 12300.4](#); [ACL 16-07 \(January 21, 2016\)](#), [ACL 16-22 \(April 1, 2016\)](#), [ACL 17-13 \(April 7, 2017\)](#), [ACL 18-31 \(March 22, 2018\)](#) and ACL 18-XX (DATE)

This ACL provides information and instructions for implementing the Exemption 2 State Administrative Review (ESAR) process for IHSS providers and recipients who the county has deemed to be ineligible for an Exemption 2. This ACL also transmits a new form to be used in the ESAR process.

**BACKGROUND**

On June 27, 2017, SB 89 (Chapter 24, Statutes of 2017) was enacted to formally establish the California Department of Social Services' (CDSS) existing Live-In Family Care Provider Exemption (Exemption 1) and Exemption 2. These exemptions were initially established in February 2016 to maintain continuity of care and to ensure that IHSS recipients potentially at risk of out-of-home placement can remain safely in their homes. If granted, the exemptions allow IHSS providers to work hours in excess of the 66-hour workweek limitation implemented by the passage of [SB 855](#) and [SB 873](#).

The SB 89 requires the state, with input from stakeholders, to establish and implement an administrative review process for Exemption 2 ineligibility determinations. This process, which shall be referred to as the ESAR process, will provide recipients and providers an opportunity to present additional information regarding their case.

Finally, SB 89 also requires the state to record the number of ESAR requests that are received as well as the number that are approved (county decision overturned) or determined ineligible (county decision upheld). These statistics must be posted the CDSS website no less frequently than every three months.

## COUNTY RESPONSIBILITIES

As stated in [ACL 18-31](#) and pursuant to [Welfare and Institutions Code \(WIC\), Section 12300.4 \(d\)\(3\)\(C\) and \(E\)](#), the county is required, at the time of assessment and reassessment, to evaluate each recipient to determine if their circumstances appear to indicate that the provider for that recipient may be eligible for an exemption. The county shall then inform those recipients about the potentially applicable exemptions and the process by which their provider may apply for the exemption. The county shall review the exemption request and determine whether the case meets the established Exemption 2 criteria based on the information provided in [ACL 18-31](#).

### Exemption Documentation in the Case Management, Information and Payrolling System II (CMIPS)

The county shall document all Exemption 2 requests, determinations and justification for determinations in CMIPS II in accordance with the guidance provided in ACL 18-XX. To ensure statewide consistency and assist with the ESAR process, it is imperative that the county document the basis for determination on the provider's Person Notes screen, and include the following heading at the beginning of the note entry: "\*\*\*\*EXEMPTION 2 REQUEST DETERMINATION JUSTIFICATION." Including this heading will help to ensure that the information can be readily identified by ESAR Unit staff and minimize unnecessary requests for additional information from the county.

Although ACL 18-31 indicates that county staff may copy and paste all the information contained in the Exemption from Workweek Limits for Extraordinary Circumstances Referral Justification (SOC 2306) and the Secondary Evaluation Review Worksheet (SOC 2307) into the provider's Person Notes, the most critical information needed for the ESAR process is a clear and thorough summary of the factors that led to the county's determination. Thus, it is imperative that the county's documentation include the following:

1. Identification of the Exemption 2 criteria under which each recipient applied and was evaluated;

2. An explanation for why the county determined that the criteria for granting an Exemption 2 was not met;
3. A description of the reasonable attempts made by the recipients (or their authorized representative(s)) to hire an additional provider(s), including an explanation of why these attempts were not viable and how this information was verified by the county; and
4. A description of the assistance provided by the county to identify an additional provider(s), such as referral to the provider registry maintained by the Public Authority, outreach to relatives, friends and neighbors identified by recipients.

#### Exemption 2 County Contact Person

Each county should update and maintain the [Very Important Contact](#) (VIC) information to include an Exemption 2 contact person. This will be the person that is contacted if more information is needed regarding an Exemption 2 request that was deemed ineligible. For more information regarding VIC, please contact (916) 651-1069.

#### **EXEMPTION 2 STATE ADMINISTRATIVE REVIEW PROCESS**

The ESAR process is only intended for and available to providers and recipients who were determined ineligible for Exemption 2 by the county. If a provider or recipient disagrees with the county's ineligibility determination, he/she may request an administrative review by the ESAR Unit by completing the attached Exemption from Workweek Limits for Extraordinary Circumstances State Administrative Review Request (SOC 2313) form and submitting it by mail. The provider or recipient may not request an ESAR by telephone.

The mailed SOC 2313 must be postmarked within thirty (30) calendar days of the date of the Notice to Provider of Ineligibility for Exemption from the In-Home Supportive Services Program Workweek Limits for Extraordinary Circumstances (SOC 2310) or the Notice to Recipient of Ineligibility for Exemption from the In-Home Supportive Services Program Workweek Limits for Extraordinary Circumstances (SOC 2310A). The completed SOC 2313 must be mailed to the following address:

California Department of Social Services  
Appeals, Administrative Review, and Reimbursement Bureau  
Attn: Exemption 2 State Administrative Review Unit  
744 P Street, MS 9-12-04  
Sacramento, CA 95814

When an ESAR request is received by CDSS, the ESAR Unit will determine whether the request is complete and timely, i.e., submitted with a postmark date within thirty (30) calendar days of the date of the SOC 2310 or SOC 2310A. If an ESAR request is not received timely, the provider and recipients will be notified in writing that the SOC 2313 is not being accepted by the ESAR Unit and that the county's ineligible decision will stand.

If the ESAR request is received timely, overtime violations will be suppressed during the administrative review period. The ESAR Unit will notify the provider in writing that the request has been received and accepted for review. The notice will detail a telephone conference date and time, within ten (10) business days of the date the ESAR request was received, and specify the phone number that the ESAR Unit will use to contact the provider. The notice will also provide the ESAR Unit's telephone number in the event the provider needs to request a change to their appointment or update their telephone number. During the telephone conference, the provider may present additional information that substantiates their qualifications for an exemption. If needed, the ESAR Unit may contact the recipients to whom the provider provides authorized services to obtain additional information. If additional documentation is required from the provider, the ESAR Unit will request the documentation to be submitted via facsimile or mail within five (5) business days.

In addition to the information provided by the provider and/or recipients, the ESAR Unit will review CMIPS II to evaluate county documentation regarding the Exemption 2 request and determination as well as other relevant case information (e.g., authorized hours and services, functional index rankings, assessment narratives, notes, etc.). If additional information is required from the county, the ESAR Unit will contact the county Exemption 2 contact(s) identified in the VIC. The county will have five (5) business days to provide the requested information electronically to [ESAR@dss.ca.gov](mailto:ESAR@dss.ca.gov). This mailbox is only to be utilized for the county to submit additional information or documentation and for the ESAR Unit to provide ESAR decisions to the county.

The ESAR Unit will review all the information provided and establish whether the evaluation and final determination were conducted in accordance with [WIC section 12300.4](#) and policy guidance provided in [ACL 18-31](#). Within twenty (20) business days of completing the telephone conference with the provider and/or recipients, the ESAR Unit will issue a written notification to the provider, recipients and the county with the CDSS' final findings to either uphold or overturn the county's ineligibility determination. The ESAR outcome and the basis for decision will also be viewable in the Administrative Review section of the Overtime Violation Exemption – Extraordinary Circumstance screen in CMIPS II. If the county's determination is overturned, the ESAR Unit will process and approve the Exemption 2 request and the provider will be required to complete and return the Exemption from Workweek Limits for Extraordinary Circumstances Approved Exemption Provider Agreement form (SOC 2308) to the county IHSS office. If the county's determination is upheld, the provider will be informed that he/she is required to adhere to existing workweek limits

and the recipients will need to hire an additional provider(s) to work additional authorized IHSS hours.

## **CAMERA-READY COPIES AND TRANSLATIONS OF FORMS**

Camera-ready copies of the English language versions of the forms referenced in this ACL are available in camera-ready format on the [CDSS Forms-Brochures web page](#). Upon completion of translations, CDSS will post Armenian, Chinese and Spanish versions on the [Translated Forms and Publications webpage](#).

The designated Forms Coordinator for your county must distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited-English proficient populations, as required by the Dymally-Alatorre Bilingual Services Act (California Government Code section 7290 et seq.) and by state regulation (CDSS Manual of Policies and Procedures Division 21, Civil Rights Nondiscrimination, section 115).

Questions about accessing the forms may be directed to the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Questions about translations may be directed to the Language Services Unit at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

Questions regarding the content of this ACL may be directed to the Adult Programs Division's Appeals, Administrative Review and Reimbursements Bureau at (916) 654-3488.

Sincerely,

DEBBI THOMSON  
Deputy Director  
Adult Programs Division

Attachment

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM  
EXEMPTION FROM WORKWEEK LIMITS FOR EXTRAORDINARY CIRCUMSTANCES  
STATE ADMINISTRATIVE REVIEW REQUEST FORM**

**INSTRUCTIONS**

- This Exemption from Workweek Limits for Extraordinary Circumstances (Exemption 2) State Administrative Review Request Form must be completed in full and postmarked thirty (30) calendar days from the date of the Notice to Provider of Ineligibility for Exemption from the In-Home Supportive Services Program Workweek Limits for Extraordinary Circumstances (SOC 2310) or Notice to Recipient of Ineligibility for Exemption from the In-Home Supportive Services Program Workweek Limits for Extraordinary Circumstances (SOC 2310A). **Late requests will not be accepted.**
- Please ensure that page four (4) is signed by the provider and all recipients (or their authorized representative) included in the Exemption 2 request.
- Please provide a copy of your Notice to Provider of Ineligibility for Exemption from the In-Home Supportive Services Program Workweek Limits for Extraordinary Circumstances (SOC 2310) or Notice to Recipient of Ineligibility for Exemption from the In-Home Supportive Services Program Workweek Limits for Extraordinary Circumstances (SOC 2310A) from the county.
- Provide any supporting documentation.
- If you have any questions, call the Exemption 2 State Administrative Review (ESAR) Unit at (916) 651-3488.
- Mail the completed form to the following address:

**California Department of Social Services  
Adult Programs Division / ESAR Unit  
744 P Street, M.S. 9-12-04  
Sacramento, CA 95814**

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM  
EXEMPTION FROM WORKWEEK LIMITS FOR EXTRAORDINARY CIRCUMSTANCES  
STATE ADMINISTRATIVE REVIEW REQUEST FORM**

<b>County Name:</b>			
<b>Provider Name:</b>		<b>Provider #:</b>	

<b>Recipient #1 Name:</b>		<b>Case #:</b>	
<b>Authorized Hours:</b>			
<b>Exemption 2 Criteria(s): (Check all that apply)</b>			
<input type="checkbox"/> <b>Complex Medical/Behavioral Needs</b> <input type="checkbox"/> <b>Rural/Remote</b> <input type="checkbox"/> <b>Language/Communication</b>			
<b>How does this recipient meet the criteria for an Exemption 2?</b>			

<b>Recipient #2 Name:</b>		<b>Case #:</b>	
<b>Authorized Hours:</b>			
<b>Meets the Following Referral Condition(s): (Check all that apply)</b>			
<input type="checkbox"/> <b>Complex Medical/Behavioral Needs</b> <input type="checkbox"/> <b>Rural/Remote</b> <input type="checkbox"/> <b>Language/Communication</b>			
<b>How does this recipient meet the criteria for an Exemption 2?</b>			

<b>Recipient #3 Name:</b>		<b>Case #:</b>	
<b>Authorized Hours:</b>			
<b>Meets the Following Referral Condition(s): (Check all that apply)</b>			
<input type="checkbox"/> <b>Complex Medical/Behavioral Needs</b> <input type="checkbox"/> <b>Rural/Remote</b> <input type="checkbox"/> <b>Language/Communication</b>			
<b>How does this recipient meet the criteria for an Exemption 2?</b>			

<b>1.</b>	<b>What attempts have been made to hire an additional provider(s) for any of the recipients and why have these attempts been unsuccessful?</b> (Examples include, but are not limited to, outreach to relatives, neighbors, or referral to Public Authority to search the provider registry).

<b>2.</b>	<b>Explain why having an additional provider would impact the recipients' health and/or behavior? How has this been determined and confirmed?</b> (Note: Please do not solely list the recipient's medical/behavioral conditions, but the impact that having another provider would have on them and how this has been confirmed. Previously documented history of negative impacts to the recipient may be provided and considered as sufficient confirmation).
<b>Recipient #1:</b>	
<b>Recipient #2:</b>	
<b>Recipient #3:</b>	



<b>3.</b>	<b>Explain why you believe the county was incorrect in determining you were not eligible for Exemption 2?</b> <input type="checkbox"/> Please check the box and attach an additional page if you need more space.

I agree with the above information and believe it to be true and correct.

<b>Recipient 1 Signature:</b>		<b>Date:</b>		<b>Telephone:</b>	
<b>Recipient 2 Signature:</b>		<b>Date:</b>		<b>Telephone:</b>	
<b>Recipient 3 Signature:</b>		<b>Date:</b>		<b>Telephone:</b>	
<b>Provider Signature:</b>		<b>Date:</b>		<b>Telephone:</b>	



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EDMUND G. BROWN JR.  
GOVERNOR

DATE

**LATE SUBMISSION NOTICE TO PROVIDER  
FOR FAILURE TO TIMELY SUBMIT  
EXEMPTION 2 STATE ADMINISTRATIVE REVIEW REQUEST**

PROVIDER NAME  
ADDRESS  
ADDRESS

Dear PROVIDER:

The California Department of Social Services; Systems and Administrative Branch; Appeals, Administrative Review and Reimbursement Bureau; Exemption 2 State Administrative Review (ESAR) Unit, received your Exemption from Workweek Limits for Extraordinary Circumstances (Exemption 2) State Administrative Review Form (SOC 2313) on DATE.

The ESAR request cannot be accepted because it was postmarked more than (30) calendar days from the date indicated on the Notice to Provider of Ineligibility for Exemption from the In-Home Supportive Services Program Workweek Limits for Extraordinary Circumstances (SOC 2310) from COUNTY NAME County.

The county's determination to deem you ineligible for an Exemption 2 is automatically upheld. As a result, you are required to adhere to existing workweek limits. Therefore, the maximum number of hours you may work in a workweek for two or more recipients combined is 66 hours. Your recipients will need to hire an additional provider(s) to work additional authorized In-Home Supportive Services (IHSS) hours.

If you have any questions about this notice, you may contact the Exemption 2 State Administration Review Unit at (916) 651-3488.

Sincerely,

Letrice Russell, Manager  
Exemption 2 State Administrative Review Unit  
Appeals, Administrative Review and Reimbursement Bureau  
Systems and Administrative Branch



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**LATE SUBMISSION NOTICE TO RECIPIENT  
FOR FAILURE TO TIMELY SUBMIT  
EXEMPTION 2 STATE ADMINISTRATIVE REVIEW REQUEST**

RECIPIENT NAME  
ADDRESS  
ADDRESS

Dear RECIPIENT:

The California Department of Social Services; Systems and Administrative Branch; Appeals, Administrative Review and Reimbursement Bureau; Exemption 2 State Administrative Review (ESAR) Unit, received your provider's Exemption from Workweek Limits for Extraordinary Circumstances (Exemption 2) State Administrative Review Form (SOC 2313) on DATE.

The ESAR request cannot be accepted because it was postmarked more than (30) calendar days from the date indicated on the Notice to Provider of Ineligibility for Exemption from the In-Home Supportive Services Program Workweek Limits for Extraordinary Circumstances (SOC 2310) from COUNTY NAME County.

The county's determination to deem your provider ineligible for an Exemption 2 is automatically upheld. As a result, your provider, PROVIDER NAME, is required to adhere to existing workweek limits. Therefore, the maximum number of hours they may work in a workweek for two or more recipients combined is 66 hours. You will need to hire an additional provider(s) to work additional authorized In-Home Supportive Services (IHSS) hours.

If you have any questions about this notice, you may contact the Exemption 2 State Administrative Review Unit at (916) 651-3488.

Sincerely,

Letrice Russell, Manager  
Exemption 2 State Administrative Review Unit  
Appeals, Administrative Review and Reimbursement Bureau  
Systems and Administrative Branch



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EDMUND G. BROWN JR.  
GOVERNOR

DATE

**NOTICE OF APPOINTMENT TO PROVIDER  
EXEMPTION 2 STATE ADMINISTRATIVE REVIEW REQUEST**

PROVIDER NAME  
ADDRESS  
ADDRESS

Dear PROVIDER:

The California Department of Social Services, Exemption 2 State Administrative Review (ESAR) Unit, received and accepted your Exemption from Workweek Limits for Extraordinary Circumstances (Exemption 2) State Administrative Review Form (SOC 2313) on DATE. During the review period, you will not receive any violations for exceeding workweek limits. An analyst in the ESAR Unit will contact you via telephone. You will have the opportunity to provide additional information and explain how you qualify for an Exemption 2 during the telephone appointment below:

**APPOINTMENT DATE:** DATE (enter date 10 business days from date received)  
**APPOINTMENT TIME:** 9:00 A.M.  
**TELEPHONE NUMBER:** PROVIDER'S TELEPHONE NUMBER

The ESAR Unit will have twenty (20) business days from the date of the telephone conference to render a decision. Upon completion of the review, the ESAR Unit may either overturn or uphold COUNTY NAME County's determination that you were not eligible for an Exemption 2. You will be notified via U.S. mail once a decision has been made.

If you have any questions, need to change your appointment or need to provide an updated phone number to be reached at during your appointment time, please call the Exemption 2 State Administrative Review Unit at (916) 651-3488.

Sincerely,

Exemption 2 State Administrative Review Unit  
Appeals, Administrative Review and Reimbursement Bureau  
Systems and Administrative Branch



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EDMUND G. BROWN JR.  
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DATE

**NOTIFICATION TO COUNTY OF  
EXEMPTION 2 STATE ADMINISTRATIVE REVIEW DECISION –  
COUNTY DETERMINATION OVERTURNED**

CONTACT NAME  
COUNTY  
EMAIL

Dear COUNTY CONTACT:

The California Department of Social Services; Systems and Administrative Branch; Appeals, Administrative Review and Reimbursement Bureau; Exemption 2 State Administrative Review (ESAR) Unit, has reviewed an Exemption from Workweek Limits for Extraordinary Circumstances (Exemption 2) State Administrative Review Form (SOC 2313) regarding the following:

Provider: <Provider Name> Provider Number: <Provider Number #>  
Recipient #1: <Recipient Name> Case Number: <Recipient Case #>  
Recipient #2: <Recipient Name> Case Number: <Recipient Case #>

Based on our evaluation of the information, the requirements for granting an Exemption 2 have been met in accordance with [Welfare and Institutions Code section 12300.4](#). Therefore, the ESAR Unit has made the decision to overturn the ineligibility determination made by COUNTY NAME County. This provider has been approved for Exemption 2 for the following reasons:

- APPROVAL REASON 1
- APPROVAL REASON 2

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 In-Home Supportive Services (IHSS) provider and recipients have been mailed a notification of this decision, in which they were informed that the provider is permitted to work a combined total of 360 hours per month, not to exceed the recipients' authorized monthly IHSS hours.

The exemption will be in effect until <Expiration Date – one year>. Within 60 days from the date of expiration, the county shall review the cases of all active recipients to

determine whether the circumstances the exemption was based on continue to exist and, if so, initiate a renewal of the exemption.

If you have any questions regarding this decision, please contact the Exemption 2 State Administrative Review Unit at (916) 651-3488.

Sincerely,

Shawntel Bush, Chief  
Appeals, Administrative Review and Reimbursement Bureau  
Systems and Administrative Branch

c: COUNTY 2<sup>ND</sup> REVIEWER  
COUNTY NAME  
EMAIL

IHSS PROGRAM MANAGER  
COUNTY NAME  
EMAIL



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DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
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EDMUND G. BROWN JR.  
GOVERNOR

**DATE**

**NOTIFICATION TO PROVIDER OF  
EXEMPTION 2 STATE ADMINISTRATIVE REVIEW DECISION –  
COUNTY DETERMINATION OVERTURNED**

**PROVIDER NAME**  
**ADDRESS**  
**ADDRESS**

Dear **PROVIDER**:

The California Department of Social Services; Systems and Administrative Branch; Appeals, Administrative Review and Reimbursement Bureau; Exemption 2 State Administrative Review (ESAR) Unit, has reviewed your Exemption from Workweek Limits for Extraordinary Circumstances (Exemption 2) State Administrative Review Form (SOC 2313).

Based on our evaluation of the information, the requirements for granting an Exemption 2 have been met in accordance with Welfare and Institutions Code Section 12300.4. Therefore, the ESAR Unit has made the decision to overturn the ineligibility determination made by **COUNTY NAME** County.

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 below. The recipients and **COUNTY NAME** County will also receive a notice that the exemption request has been approved.

Recipient #1: **<Recipient Name>** Case Number: **<Recipient Case #>**  
Recipient #2: **<Recipient Name>** Case Number: **<Recipient Case #>**

As a condition of being granted an exemption, you must sign the enclosed In-Home Supportive Services (IHSS) Program Exemption from Workweek Limits for Extraordinary Circumstances Approved Exemption Provider Agreement (SOC 2308) and return it to the county.

The exemption will be in effect until **<Expiration Date – one year>**. 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. If you have any questions, please contact your recipient's IHSS County Social Worker.

If you have any questions regarding this decision, please contact the Exemption 2 State Administrative Review Unit at (916) 651-3488.

Sincerely,

Shawntel Bush, Chief  
Appeals, Administrative Review and Reimbursement Bureau  
Systems and Administrative Branch

Enclosure





CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
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DATE

**NOTIFICATION TO RECIPIENT OF  
EXEMPTION 2 STATE ADMINISTRATIVE REVIEW DECISION –  
COUNTY DETERMINATION OVERTURNED**

RECIPIENT NAME  
ADDRESS  
ADDRESS

Dear RECIPIENT:

The California Department of Social Services; Systems and Administrative Branch; Appeals, Administrative Review and Reimbursement Bureau; Exemption 2 State Administrative Review (ESAR) Unit, has reviewed your provider's Exemption from Workweek Limits for Extraordinary Circumstances (Exemption 2) State Administrative Review Form (SOC 2313).

Based on our evaluation of the information, the requirements for granting an Exemption 2 have been met in accordance with Welfare and Institutions Code Section 12300.4. Therefore, the ESAR Unit has made the decision to overturn the ineligibility determination made by COUNTY NAME County.

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>. Your provider, PROVIDER NAME and COUNTY NAME County will also receive a notice that the exemption request has been approved.

The exemption will be in effect until <Expiration Date – one year>. The approval of the exemption means that, while it remains in effect, your provider may work up to a combined total of 360 hours per month for you and the other recipients he/she currently works for. Your provider may not work more than your monthly authorized hours.

If the recipients your provider works for, including you, have combined authorized hours that total more than 360 per month, you or one of the other recipients will need to hire another provider(s) to work the hours above 360 per month. If your provider works more than 360 hours per month, it could lead to his/her being ineligible to be a provider in the In-Home Supportive Services (IHSS) program. If you have any questions, please contact your IHSS County Social Worker.

If you have any questions regarding this decision, please contact the Exemption 2 State Administrative Review Unit at (916) 651-3488.

Sincerely,

Shawntel Bush, Chief  
Appeals, Administrative Review and Reimbursement Bureau  
Systems and Administrative Branch

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**NOTIFICATION TO COUNTY OF  
EXEMPTION 2 STATE ADMINISTRATIVE REVIEW DECISION –  
COUNTY DETERMINATION UPHELD**

CONTACT NAME  
COUNTY  
EMAIL

Dear COUNTY CONTACT:

The California Department of Social Services; Systems and Administrative Branch; Appeals, Administrative Review and Reimbursement Bureau; Exemption 2 State Administrative Review (ESAR) Unit, has reviewed an Exemption from Workweek Limits for Extraordinary Circumstances (Exemption 2) State Administrative Review Form (SOC 2313) regarding the following:

Provider: <Provider Name> Provider Number: <Provider Number #>  
Recipient #1: <Recipient Name> Case Number: <Recipient Case #>  
Recipient #2: <Recipient Name> Case Number: <Recipient Case #>

Based on our evaluation of the information, the requirements for granting an Exemption 2 have not been met in accordance with [Welfare and Institutions Code section 12300.4](#). Therefore, the ESAR Unit has made the decision to uphold the ineligibility determination made by COUNTY NAME County.

The In-Home Supportive Services (IHSS) provider and recipients have been mailed a notification of this decision, in which they were informed that the provider is required to adhere to existing workweek limits and the recipient(s) will need to hire an additional provider(s) to work additional authorized IHSS hours.

If you have any questions regarding this decision, please contact the Exemption 2 State Administrative Review Unit at (916) 651-3488.

Sincerely,

Shawntel Bush, Chief  
Appeals, Administrative Review and Reimbursement Bureau  
Systems and Administrative Branch

c: COUNTY 2<sup>ND</sup> REVIEWER  
COUNTY NAME  
EMAIL

IHSS PROGRAM MANAGER  
COUNTY NAME  
EMAIL

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**NOTIFICATION TO PROVIDER OF  
EXEMPTION 2 STATE ADMINISTRATIVE REVIEW DECISION –  
COUNTY DETERMINATION UPHELD**

PROVIDER NAME

ADDRESS

ADDRESS

Dear PROVIDER:

The California Department of Social Services; Systems and Administrative Branch; Appeals, Administrative Review and Reimbursement Bureau; Exemption 2 State Administrative Review (ESAR) Unit, has reviewed your Exemption from Workweek Limits for Extraordinary Circumstances (Exemption 2) State Administrative Review Form (SOC 2313).

Based on our evaluation of the information, the requirements for granting an Exemption 2 have not been met in accordance with Welfare and Institutions Code Section 12300.4. Therefore, the ESAR Unit has made the decision to uphold the ineligibility determination made by COUNTY NAME County. You have been determined ineligible for the following reasons:

- INELIGIBLE REASON 1
- INELIGIBLE REASON 2

As a result, you are required to adhere to existing workweek limits. Therefore, the maximum number of hours you may work in a workweek for two or more recipients combined is 66 hours. Your recipients will need to hire an additional provider(s) to work additional authorized In-Home Supportive Services (IHSS) hours.

If you have any questions regarding this decision, please contact the Exemption 2 State Administrative Review Unit at (916) 651-3488.

Sincerely,

Shawntel Bush, Chief  
Appeals, Administrative Review and Reimbursement Bureau  
Systems and Administrative Branch



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.  
GOVERNOR

**DATE**

**NOTIFICATION TO RECIPIENT OF  
EXEMPTION 2 STATE ADMINISTRATIVE REVIEW DECISION –  
COUNTY DETERMINATION UPHELD**

**RECIPIENT NAME**

**ADDRESS**

**ADDRESS**

Dear **RECIPIENT**:

The California Department of Social Services; Systems and Administrative Branch; Appeals, Administrative Review and Reimbursement Bureau; Exemption 2 State Administrative Review (ESAR) Unit, has reviewed your provider's Exemption from Workweek Limits for Extraordinary Circumstances (Exemption 2) State Administrative Review Form (SOC 2313).

Based on our evaluation of the information, the requirements for granting an Exemption 2 have not been met in accordance with Welfare and Institutions Code Section 12300.4. Therefore, the ESAR Unit has made the decision to uphold the ineligibility determination made by **COUNTY NAME** County. Your provider has been determined ineligible for the following reasons:

- **INELIGIBLE REASON 1**
- **INELIGIBLE REASON 2**

As a result, your provider, **PROVIDER NAME**, is required to adhere to existing workweek limits. Therefore, the maximum number of hours they may work in a workweek for two or more recipients combined is 66 hours. You will need to hire an additional provider(s) to work additional authorized In-Home Supportive Services (IHSS) hours.

If you have any questions, please contact the Exemption 2 State Administrative Review Unit at (916) 651-3488.

Sincerely,

Shawntel Bush, Chief  
Appeals, Administrative Review and Reimbursement Bureau  
Systems and Administrative Branch