

## IN-HOME SUPPORTIVE SERVICES PROGRAM REQUEST FOR STATE ADMINISTRATIVE REVIEW OF THIRD OR FOURTH VIOLATION FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS

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COUNTY OF : \_\_\_\_\_

Notice Date: \_\_\_\_\_

Recipient Name: \_\_\_\_\_

Recipient Case Number: \_\_\_\_\_

IHSS Office Address: \_\_\_\_\_

IHSS Office Telephone Number: \_\_\_\_\_

To: In-Home Supportive Services (IHSS) Provider

You received this form because you submitted a Notice to Provider of Right to Dispute Violation for Exceeding Workweek and/or Travel Time Limits (SOC 2272) form to the county and the county determined that your  third /  fourth violation for exceeding the workweek and/or travel time limits will be upheld.

If you disagree with the county's determination, you have the option to request a State Administrative Review by completing, signing and mailing Page 3 of this form directly to the California Department of Social Services (CDSS) at the address shown on the next page.

A request for a State Administrative Review must be postmarked within 10 calendar days from the date on the Notice to Provider Upholding Third or Fourth Violation for Exceeding Workweek and/or Travel Time Limits (SOC 2282) that the county mailed to you indicating that your violation has been upheld.

If the request for a State Administrative Review is postmarked within 10 calendar days from the date on the SOC 2282, you can continue to provide services and be paid until a final decision is made on your State Administrative Review. **If the request for a State Administrative Review is submitted (postmarked) more than 10 calendar days from the date on the SOC 2282, it will NOT be accepted for review and the violation will stand.**

When the request for State Administrative Review is received at CDSS timely, the Appeals and Administrative Review Unit (AARU) will review the information provided in

it as well as information provided by the county. The AARU will decide whether the county's decision to uphold the violation should be upheld or overturned.

The AARU has 15 business days from the date your State Administrative Review Request is received to make a decision and will send you a letter with the decision.

If the AARU overturns the violation, the AARU will instruct the county that your eligibility to provide and be paid for providing IHSS shall not be suspended or terminated due to the violation. However, you should also follow up with the county directly when you receive the decision letter.

**To request a State Administrative Review, you must:**

- Complete and sign Page 3 of this Request for State Administrative Review of Third or Fourth Violation for Exceeding Workweek and/or Travel Time Limits form (SOC 2273), and mail it to:

California Department of Social Services  
Fiscal, Appeals and Benefits Program Branch  
Appeals, Administrative Review and Reimbursement Bureau  
Attn: Appeals and Administrative Review Unit, MS 9-11-04  
P.O. Box 944243  
Sacramento, CA 94244-2430

- **Include a copy of the SOC 2282 that the county sent you along with the completed and signed Page 3 of this form (SOC 2273).**
- Provide copies of any documentation that supports your reason(s) for requesting that this violation be overturned. Do not send original documents; send copies only.
- Make a copy of all pages of the completed and signed SOC 2273 and supporting documents for your records.
- It is recommended that you ask for a receipt of mailing from the Post Office and keep it for your records.

If you have any questions, call the CDSS AARU at (916) 651-3488.

