

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

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

Violation Number: _____

To: In-Home Supportive Services (IHSS) Provider

The county has informed you that after reviewing your Right to Dispute Violation form, it has been determined that your _____ violation for the month of _____ for exceeding your workweek and/or travel time limits will be upheld.

If you disagree with this decision, you have the option to request a State Administrative Review by submitting a State Administrative Review Request to:

California Department of Social Services
Systems and Administrative Branch
Claims, Certification and Appeals Bureau
Attn: Appeals Unit, MS 9-9-04
PO Box 944243
Sacramento, CA 94244-2430

- A request for a State Administrative Review must be received within 10 (ten) calendar days from the date on the SOC 2282 or SOC 2284 that the county mailed to you indicating that your third or fourth violation has been upheld.
- If a State Administrative Review is received within 10 (ten) calendar days from the date on the SOC 2282 or 2284, you can continue to provide services and be paid until a final decision is made on your State Administrative Review.

To request a State Administrative Review, you must:

- Fill out and sign the third page of this form explaining the reason(s) you believe the county should have overturned the violation.
- Return the completed third page of this notice to CDSS, with a copy of the SOC 2258 or SOC 2259 that the county sent you to notify you of your ineligibility to receive payment from the IHSS program attached.
- Provide any documentation that supports your reasons for requesting that this violation be rescinded. **DO NOT SEND ORIGINAL DOCUMENTS, COPIES ONLY.**
- Make a copy for your records of all pages of the State Administrative Review Request form and supporting documents.

The California Department of Social Services (CDSS), IHSS Appeals Unit (AU), will review the information in this request and any information provided by you and the county. CDSS will decide whether the county's decision to uphold the violation should be upheld or rescinded.

The AU has fifteen (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 AU rescinds the violation, the AU will instruct the county that your eligibility to provide and be paid for providing IHSS services shall not be suspended due to the violation.

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

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Please mark the box below that caused you to incur the violation you are appealing.

- Worked more than 40 hours in a workweek for a recipient without the recipient getting approval from the county when that recipient's maximum weekly hours are 40 hours or less.
- Worked more than a recipient's maximum weekly hours without the recipient getting approval from the county, which caused you to work more overtime hours in the month than you normally would.
- Worked more than 66 hours in a workweek when you work for more than one recipient.
- Claimed more than seven (7) hours of travel time in a workweek.

In the area below, please explain why you believe the county's decision to uphold the violation is not correct and why you believe the violation issued against you should be rescinded.

- If you need more space, check the box to the left and attach additional pages(s) as needed.

Provider Signature: _____ Date: _____