

# IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO PROVIDER UPHOLDING THIRD OR FOURTH VIOLATION FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS

(ADDRESSEE)

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

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	<p>IHSS Office Telephone _____</p> <p>Number: _____</p>	

To: In-Home Supportive Services (IHSS) Provider

This notice is to inform you that we have reviewed the Notice to Provider of Right to Dispute Violation for Exceeding Workweek and/or Travel Time Limits form (SOC 2272) you submitted after receiving a:

- ⑤ Third Violation (90-Day Suspension of Eligibility)
- ⑤ Fourth Violation (One-Year Period of Ineligibility)

As of the date of this notice, the violation is upheld. This decision is based on our review of the information and/or documentation you provided on the SOC 2272. We determined that you did not show you met the criteria required for exceeding the workweek and/or travel time limits.

Your  third violation /  fourth violation will be upheld for the following reason(s):

- ⑤ You 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.
- ⑤ You 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.

⑤ You are a provider for multiple recipients and you worked more than 66 hours in a workweek.

⑤ You claimed more than 7 hours of travel time in a workweek.

If you disagree with this determination, you have the option to request a State Administrative Review. To request a State Administrative Review, you must complete and sign the enclosed Request for State Administrative Review of Third or Fourth Violation for Exceeding Workweek and/or Travel Time Limits form (SOC 2273) and submit it directly to the California Department of Social Services.

**The completed and signed SOC 2273 must be postmarked within 10 calendar days from the date of this notice. If the SOC 2273 is submitted (postmarked) late, it will NOT be accepted for review.**

If you submit the SOC 2273 timely, you will be able to continue to provide services until a final decision has been made on your request. If the final determination of the State Administrative Review is to uphold the violation, and this is your:

⑤ Third Violation – You will be suspended from providing IHSS for a period of 90 calendar days, effective 20 calendar days from the date of the final determination.

⑤ Fourth Violation – Your eligibility to provide IHSS will be terminated for a period of one year, effective 20 calendar days from the date of the final determination. Once your period of ineligibility ends, before you can resume providing IHSS, you will be required to complete all the provider enrollment requirements again, including the criminal background check, provider orientation, and completion of all required forms.

If you choose not to request a State Administrative Review, OR if you choose to request a State Administrative Review but you do not submit the SOC 2273 timely, and this is your:

⑤ Third Violation – You will be suspended from providing IHSS for a period of 90 calendar days, effective 20 calendar days from the date of this notice.

- ⑤ Fourth Violation – Your eligibility to provide IHSS will be terminated for a period of one year, effective 20 calendar days from the date of this notice. Once your period of ineligibility ends, before you resume providing IHSS, you will be required to complete all the provider enrollment requirements again, including the criminal background check, provider orientation, and completion of all required forms.

If you are unsure of the date that you will be eligible to resume providing services or if you have any questions about this notice, please contact the IHSS office at the telephone number listed at the top of Page 1 of this notice.