

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

(ADDRESSEE)

COUNTY OF: _____

┌	└	Notice Date:	_____
		Provider Name:	_____
		IHSS Office Address: IHSS Office	_____

└	└	Telephone Number:	_____

To: In-Home Supportive Services (IHSS) Recipient

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) your provider, _____ submitted after he/she received his/her:

- 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 provided by your provider on the SOC 2272. We determined that your provider did not show that he/she met the criteria required for him/her to exceed the workweek and/or travel time limits.

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

- ⑤ He/she worked more than 40 hours in a workweek for you or another recipient without the recipient getting approval from the county when that recipient’s maximum weekly hours are 40 hours or less.

- ⑤ He/she worked more than your or another recipient's maximum weekly hours without the recipient getting approval from the county which caused your provider to work more overtime hours in the month than he/she normally would.
- ⑤ He/she works for more than one recipient and he/she worked more than 66 hours in a workweek.
- ⑤ He/she claimed more than 7 hours of travel time in a workweek.

If your provider disagrees with this determination, he/she has the option to request a State Administrative Review. The request for State Administrative Review must be submitted directly to the California Department of Social Services and postmarked **within 10 calendar days from the date of this notice.**

If your provider submits a timely request for State Administrative Review, he/she can continue to provide services until a final determination is made on his/her request. If the final determination of the State Administrative Review is to uphold the violation, and this is the provider's:

- ⑤ Third Violation – He/she will be suspended from providing IHSS to you and/or any other recipient(s) for a period of 90 calendar days, effective 20 calendar days from the date of the final determination.
- ⑤ Fourth Violation – His/her eligibility to provide IHSS to you and/or any other recipient(s) will be terminated for a period of one year, effective 20 calendar days from the date of the final determination. Once the provider's period of ineligibility ends, before he/she can resume providing IHSS, he/she 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 your provider chooses not to request a State Administrative Review, OR if he/she chooses to request one but it is not submitted timely, and this is the provider's:

- ⑤ Third Violation – He/she will be suspended from providing IHSS to you and/or any other recipient(s) for a period of 90 calendar days, effective 20 calendar days from the date of this notice.

- ⑤ Fourth Violation – His/her eligibility to provide IHSS to you and/or any other recipient(s) will be terminated for a period of one year, effective 20 calendar days from the date of this notice. Once the provider's period of ineligibility ends, before he/she can resume providing IHSS, he/she 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 need assistance finding a new provider until your regular provider is eligible to provide services again, please contact your county IHSS office at the telephone number shown at the top of Page 1 of this notice.

If you are unsure of the date your provider is eligible to be an IHSS provider or if you have questions about this notice, please contact your county IHSS office at the telephone number shown at the top of Page 1 of this notice.