

**IN-HOME SUPPORTIVE SERVICES PROGRAM
STATE ADMINISTRATIVE REVIEW REQUEST RESPONSE LETTER TO PROVIDER
UPHOLDING THIRD VIOLATION (90-DAY SUSPENSION OF ELIGIBILITY) 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: _____

To: In-Home Supportive Services (IHSS) Provider

This notice is to inform you that we have reviewed the State Administrative Review Request you filed after receiving a third violation for the month of _____. 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 State Administrative Review Request form. We have determined there was not enough evidence to demonstrate you met the criteria required to work more hours than your workweek agreement allows for. You will continue to have a third violation because 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.
- 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.

Your eligibility to provide IHSS services will be suspended 20 calendar days from the date of this notice, for a period of 90 days. If you are unsure of the date that you are eligible to resume providing services, please contact your IHSS office.

If you have any questions about this notice, you may contact the California Department of Social Services, Claims, Certification and Appeals Bureau, Appeals Unit at (916) 651-3488.