

**IN-HOME SUPPORTIVE SERVICES PROGRAM
STATE ADMINISTRATIVE REVIEW REQUEST RESPONSE LETTER TO RECIPIENT
RESCINDING 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This notice is to inform you that the violation your provider, named above, received for the month of _____ has been withdrawn as of the date of this notice.

The reason this violation was rescinded is because CDSS has determined that either the circumstance(s) that resulted in your provider receiving a violation for the reason indicated on the violation notice (SOC 2258 or SOC 2259) that he/she received from his/her county met the Exception Criteria set by CDSS. Or, during our review it was determined that the circumstances on the Provider's Right to Dispute Form (SOC 2272) that was previously provided to the county met the Exception Criteria, therefore the violation should have been rescinded.

Although this violation has been rescinded, your provider could receive another violation at a later time if he/she fails to follow the workweek and travel time limits explained in the Provider Enrollment Agreement (SOC 846).

If you have any questions regarding this notice, you may contact your county IHSS office at the phone number listed above.