

**IN-HOME SUPPORTIVE SERVICES PROGRAM  
STATE ADMINISTRATIVE REVIEW REQUEST RESPONSE LETTER TO RECIPIENT  
UPHOLDING FOURTH VIOLATION (ONE-YEAR PERIOD OF INELIBILITY)**

(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 State Administrative Review Request your provider,

\_\_\_\_\_ has filed after the fourth violation he/she received for the month of \_\_\_\_\_ has been reviewed and the violation is upheld as of the date of this notice. The reason for this decision is based on our review of the State Administrative Review Request submitted by your provider. The evidence on this request was not enough to demonstrate he/she met the criteria required to work more than his/her workweek agreement allows for. Your provider will continue to have a fourth violation because he/she:

- 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 him/her to work more overtime hours in the month than he/she normally would.
- Worked more than 66 hours in a workweek when he/she works for more than one recipient.
- Claimed more than seven (7) hours of travel time in a workweek.

Your provider's eligibility to provide IHSS services will be suspended 20 calendar days from the date of this notice, for a period of one year.

Before your provider may resume providing IHSS services, he/she will be required to complete all of 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.

If you are unsure of the date your provider is eligible to be an IHSS provider or have questions about this notice, please contact your county IHSS office.