IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE OF INELIGIBILITY TO REQUEST EXEMPTION FROM WORKWEEK LIMITS FOR EXTRAORDINARY CIRCUMSTANCES (EXEMPTION 2) - PROVIDER

(ADDRESSEE)

COUNTY OF: ________________________________

Notice Date: ________________________________
IHSS Office Address: __________________________
IHSS Office Telephone: _________________________

Provider Name: ______________________________
Provider Number: ____________________________

To: In-Home Supportive Services (IHSS) Provider

On __________, you requested an Exemption from the IHSS Program Workweek Limits for Extraordinary Circumstances (Exemption 2) for the following recipients.

Recipient Name: _____________________________  Recipient Name: _____________________________
Case Number: ________________________________  Case Number: ________________________________

Recipient Name: _____________________________  Recipient Name: _____________________________
Case Number: ________________________________  Case Number: ________________________________

We cannot forward your request for an Exemption 2 at this time. Here’s why:

You do not provide services for two or more IHSS recipients

One or all of the recipients you work for do not meet one of the following conditions marked below:

The recipient(s) does/do not have complex medical and/or behavioral needs that must be met by a provider who lives in the same home as the recipient.

The recipient(s) does/do not live in the same home as the provider.

The recipient(s) does/do not live in a rural or remote area where available providers are limited and as a result the recipient(s) is/are unable to hire another provider.
The recipient(s) is/are not unable to hire a provider who speaks his/her same language in order to direct his/her own care.

The recipient/authorized representative (AR) you work for have not explored and exhausted ALL options for finding an additional provider(s) so that all of their authorized services can be provided within the IHSS program workweek limits.

OTHER: ____________________________________________  
__________________________________________________  
__________________________________________________  

To qualify for Exemption 2, the recipient(s)/AR(s) must demonstrate to the county that all efforts to hire an additional provider have been exhausted. This information is needed by the county to justify referrals to the California Department of Social Services.

In the future, if there is a change in your recipients' circumstances and all of the eligibility requirements are met, you can work with your recipients’ IHSS Social Worker to request an Exemption 2.

If you have any questions about the information in this notice, you may call your recipients’ IHSS Social Worker at the IHSS office telephone number listed above.