

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER OF RIGHT TO DISPUTE VIOLATION 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

You received a violation because you exceeded your workweek and/or travel time limits. If you believe you should not have been issued a violation because the additional hours you worked met all 3 of the criteria listed below, please review and respond to the questions on the following pages.

If you provide services to only 1 recipient, you must answer questions 1 through 5 and questions 9 through 11. If you provide services to 2 or more recipients, you must answer questions 6 through 11.

You have 10 calendar days from the date indicated on the violation notice to submit this form to the county requesting an official county review of the circumstances surrounding the additional hours you worked which led to the violation.

Criteria:

1. The need for additional hours was necessary to meet an unanticipated need;
2. The additional hours were related to an immediate need that could not be postponed until the arrival of a back-up provider as designated on the IHSS Program Individual Emergency Back-Up Plan (SOC 827) form; and
3. The additional hours were related to a need that would have had a direct impact on the IHSS recipient and were needed to ensure his/her health and/or safety.

Questions for Providers with Only One Recipient:

1. If you received a violation for exceeding your workweek limits, please state the reason(s) your recipient requested you to work more than your regular hours.

2. Did your recipient obtain approval from the county so you could work the additional hours? Please check the box: Yes No.

- If yes, was the approval received before or after you worked the additional hours? _____
- What was the date(s) your recipient requested approval from the county? _____
- If known, what was the name of the county staff that granted your recipient approval to allow you to work the additional hours? _____

3. If your recipient did not request approval from the county so you could work the additional hours, please explain the reason why an approval was not requested prior to the submission of your timesheet.

4. Please describe the reason(s) why you worked the additional hours for your recipient that caused you to receive this violation and why you believe the additional hours worked met all of the criteria listed on page 1.

5. Please provide any additional information and attach any documentation that you believe will help the county determine whether to rescind your violation.

Questions for Providers with 2 or More Recipients:

6. If you received a violation for exceeding your workweek limits, please state the reason(s) your recipient requested you to work more than your regular hours.

7. Did your recipient obtain approval from the county so you could work the additional hours? Please check the box: Yes No.

- If yes, was the approval received before or after you worked the additional hours? _____
- What was the date(s) your recipient requested approval from the county? _____
- If known, what was the name of the county staff that granted your recipient approval to allow you to work the additional hours? _____

8. If your recipient did not request approval from the county so you could work the additional hours, please explain the reason why an approval was not requested prior to the submission of your timesheet.

Questions for All Providers:

9. Please describe the reason(s) why you worked the additional hours for your recipient(s) that caused you to receive this violation and why you believe the additional hours worked met all of the criteria listed on page 1.

10. If the violation was issued because you traveled more than 7 hours in a workweek, please explain the reason why you exceeded the 7 hour limitation on travel time and why the violation should be rescinded based on the criteria listed on page 1.

11. Please provide any additional information and attach any documentation that you believe will help the county determine whether to rescind your violation.

If you need more space, check the box to the left and attach additional page(s) as needed.

Provider's Signature: _____

Provider's Telephone No.: _____ Date: _____

I agree with the above information and believe it to be true and correct.

Recipient's Signature: _____

Date: _____