

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT UPHOLDING PROVIDER’S FOURTH VIOLATION (ONE-YEAR PERIOD OF INELIGIBILITY) 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 Right to Dispute Violation form your provider,

filed after the fourth violation he/she received for the month of _____ has been reviewed. As of the date of this notice, the violation is upheld. The reason for this decision is based on our review of the information and/or documentation provided by your provider on the Right to Dispute Violation form. We have determined there was not enough information and/or documentation to show your provider met the criteria required for him/her to work more than his/her workweek agreement allows for. **Your provider will continue to have a fourth violation for one or more of the following reason(s):**

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 your provider to work more overtime hours in the month than your provider normally would.

Worked more than 66 hours in a workweek when your provider works for more than one recipient.

Claimed more than 7 hours of travel time in a workweek.

If your provider requests a State Administrative Review, your provider may continue to provide services until a final determination is made on his/her State Administrative Review. If the outcome of the State Administrative Review is to uphold the violation your provider will be terminated for a period of one year; 20 calendar days from the date of that determination.

If your provider does not file a State Administrative Review Request within 10 calendar days from the date of this notice, he/she will not be eligible to provide IHSS services 20 calendar days from the date of this notice, for a period of one year.

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.