

**IN-HOME SUPPORTIVE SERVICES PROGRAM
STATE ADMINISTRATIVE REVIEW REQUEST RESPONSE LETTER TO RECIPIENT
UPHOLDING PROVIDER'S THIRD VIOLATION (90-DAY SUSPENSION OF
ELIGIBILITY) 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 State Administrative Review Request your provider,

_____ filed after the third 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. There was not enough evidence to demonstrate that he/she met the criteria required to work more than his/her workweek agreement allows for. **Your provider will continue to have a third 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 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.

Your provider's eligibility to provide IHSS services will be suspended 20 calendar days from the date of this notice, for a period of 90 days.

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.