

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER UPHOLDING THIRD VIOLATION (90-DAY SUSPENSION OF
ELIGIBILITY) 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

This notice is to inform you that we have reviewed the Right to Dispute Violation form you filed after receiving a third violation for the month of _____. 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 you provided on the dispute form. We have determined there was not enough information and/or documentation to show you met the criteria required for you to work more hours than your workweek agreement allows for. **You will continue to have a third violation for 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 you to work more overtime hours in the month than you normally would.
- You are a provider for multiple recipients and you worked more than 66 hours in a workweek.
- Claimed more than seven (7) hours of travel time in a workweek.

If you disagree with this determination and would like to request a State Administrative Review, you have 10 (ten) calendar days from the date on this notice to submit the enclosed State Administrative Review Request form. If you file a State Administrative Review Request, you will be able to continue to provide services until a final decision has been made on your request.

If you do not file a State Administrative Review Request within 10 calendar days from the date of this notice, you will be suspended from providing IHSS services 20 calendar days from the date on this notice, for a period of 90 days.

If you are unsure of the date that you are eligible to resume providing services or you have any questions about this notice, please contact your IHSS office at the phone number listed above.