

**IN-HOME SUPPORTIVE SERVICES PROGRAM  
NOTICE 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 Right to Dispute Violation form your provider,

\_\_\_\_\_ filed after the third 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 the county's review of the information and/or documentation provided by your provider on the Right to Dispute Violation form. The county has determined that there was not enough information and/or documentation to show your provider met the criteria required for him/her to exceed the hours on the workweek agreement. Your provider 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 him/her to work more overtime hours in the month than he/she normally would.
- Worked more than 66 hours in a workweek when he/she works for more than one recipient.
- Claimed more than seven (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 90 days; 20 calendar days from the date of that determination.

If your provider does not file a State Administrative Review 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 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.

SAMPLE