

**IN-HOME SUPPORTIVE SERVICES PROGRAM  
STATE ADMINISTRATIVE REVIEW REQUEST RESPONSE LETTER TO PROVIDER  
RESCINDING THIRD VIOLATION OR FOURTH 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

This notice is to inform you that the violation you received for the month of \_\_\_\_\_ has been rescinded effective the date of this notice.

The reason this violation was rescinded is because CDSS has determined that either the circumstance(s) that resulted in you receiving a violation for the reason indicated on the violation notice (SOC 2258 or SOC 2259) that you received from your county met the Exception Criteria set by CDSS. Or, during our review it was determined that the circumstances on the Provider's Right to Dispute Form (SOC 2272) that was previously provided to the county met the Exception Criteria, therefore the violation should have been rescinded.

Although this violation has been rescinded, you could receive another violation at a later time if you fail to follow the workweek and travel time limits explained in the Provider Enrollment Agreement (SOC 846).

If you have any questions regarding this notice, you may contact your county IHSS office at the phone number listed above.