

**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This notice is to inform you that the violation you received for the month of _____ has been rescinded effective the date of this notice.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 for the withdrawal of this violation is because the California Department of Social Services (CDSS) has determined that although you did violate the rule(s) indicated on the SOC 2258 or SOC 2259 that you received from your county, the circumstances that led to you working the additional hours met the Exception Criteria set by CDSS. 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form (SOC 2272) that was previously provided to the county met the Exception Criteria, therefore the violation has been rescinded.

Although this violation has been rescinded, you could receive another violation at a later time if you fail to follow the workweek and travel time limits explained in the Provider Enrollment Agreement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