



IHSS

IN-HOME SUPPORTIVE SERVICES
TRAINING ACADEMY

A PROJECT OF THE SAN DIEGO STATE UNIVERSITY SCHOOL OF SOCIAL WORK

Violations

A violation is the consequence of not following overtime and travel time limitations, and could cause you to be suspended from the program or terminated as an IHSS provider. It is important that you follow the overtime and travel time limitations to prevent getting a violation.

Some of the actions that will cause you to get a violation are:

1. Working more than 40 hours in a workweek without your recipient getting approval from the county when your recipient is authorized less than 40 hours in a workweek.
2. Working more hours for your recipient than the recipient's maximum weekly hours which causes you to work more overtime hours in a month than you normally would without receiving county approval.
3. Working more than 66 hours in a workweek when working for more than one recipient.
4. Claiming more than 7 hours for travel time in a workweek.

If the county determines that you have violated the weekly overtime and/or travel time limitations, you will be paid the overtime and/or travel time that exceeded the workweek and/or travel time limitations but you will also receive a violation notice from the county. In addition to the violation notice, you will receive an IHSS Program Notice to Provider of Right to Dispute Violation for Exceeding Workweek and/or Travel Time Limits form, SOC 2272, with information on how to request a county review of the violation. A notice will also be sent to all of your recipients informing them of your violation and explaining why you received it.

Violations can also be issued due to administrative or processing errors such as timesheets being misread in scanning or timesheets processed out of order. If this is the case, it can be overridden by the county during the dispute review process.

Consequences for violations vary depending on if it is your first, second, third or fourth violation:

NOTE: If your actions result in more than one violation during a calendar month, it will only count as one violation. For example, if a timesheet or travel claim form triggers an error during the first pay period of May and another during the second pay period of May, the first error will result in a violation and the second error will be tracked by the system. A second violation will not be issued within the same calendar month.

1ST VIOLATION	2ND VIOLATION	3RD VIOLATION	4TH VIOLATION
<p>For the first violation, you and each of your recipients will get a notice of the violation with information on how to request a county review.</p>	<p>If a second violation occurs, you will have an opportunity to complete a one-time training to avoid receiving a second violation.</p> <p>If you do not complete the training within 14 calendar days of the date of the notice, you will receive a second violation.</p>	<p>If a third violation occurs, you will be suspended as an IHSS provider for 90 days.</p>	<p>If a fourth violation occurs, you will be ineligible to work as an IHSS provider for 365 days.</p>

If you receive a violation, the violation will remain on your IHSS record, except for the first time you receive a second violation. (The second violation may be removed by completing a one-time training, but this may be done only once).

However, after one year, if you don't receive another violation, the number of violations you have received will be reduced by one. As long as you don't receive any additional violations, each year after the last violation was removed, the number of violations will be reduced by one.

If you receive a fourth violation and are ineligible to be an IHSS provider for one year, when the year is up you must re-enroll if you wish to work in the IHSS program. This means you must:

- Re-submit an application; and
- Complete all of the provider enrollment requirements, including the criminal background check, provider orientation and all required forms.
- Also, your violations count will be reset to zero.

County Review Process

If you receive a violation, you have *ten calendar days* from the date of the violation notice to request a county review by submitting the [Notice to Provider of Right to Dispute Violation for Exceeding Workweek and/or Travel Time Limits \(form SOC 2272\)](#). Once the county receives the request for review, it has ten business days to review and investigate the violation and send you a notice stating whether the violation will remain or if it will be removed. If you do not submit an SOC 2272 form within the ten calendar days, the violation remains in effect.

For the third and fourth violations, if the county doesn't remove the violation, you may request a review by CDSS, within ten business days of the date of receiving the county notice. The county notice will explain how you may request a review by CDSS.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO PROVIDER OF RIGHT TO DISPUTE 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			
You received a violation because you exceeded your workweek and/or travel time limits. If you believe you should not have been issued a violation because the additional hours you worked met all 3 of the criteria listed below, please review and respond to the questions on the following pages.			
If you provide services to only 1 recipient, you must answer questions 1 through 5 and questions 9 through 11. If you provide services to 2 or more recipients, you must answer questions 6 through 11.			
You have 10 calendar days from the date indicated on the violation notice to submit this form to the county requesting an official county review of the circumstances surrounding the additional hours you worked which led to the violation.			
Criteria:			
1. The need for additional hours was necessary to meet an unanticipated need;			
2. The additional hours were related to an immediate need that could not be postponed until the arrival of a back-up provider as designated on the IHSS Program Individual Emergency Back-Up Plan (SOC 827) form; and			
3. The additional hours were related to a need that would have had a direct impact on the IHSS recipient and were needed to ensure his/her health and/or safety.			
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