STATE OF CALIFORNIA GAVIN NEWSOM, *Governor*

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
OFFICE OF THE ADMINISTRATIVE DIRECTOR
1515 Clay Street, Suite 1700
Oakland, California 94612
Tel (510) 286 -7100 Fax (510) 286-0687

October 26, 2026

Matthew Cody Fluckiger, #BS6043
Mule Creek State Prison (MCSP)
P.O. Box 409099
Ione, CA 95640

NOTICE OF PROVIDER SUSPENSION – WORKERS' COMPENSATION

Dear Mr. Fluckiger:

The Administrative Director of the Division of Workers' Compensation (DWC) is required by Labor Code sections 139.21(a)(1)(A), 139.21(a)(1)(B) and 139.21(a)(1)(C) to suspend you from participation in the California workers' compensation system for one or more of the following reasons: you have been convicted of a crime described in Labor Code section 139.21(a)(1)(A), you have been suspended, due to fraud or abuse, from participation in the federal Medicare or Medicaid programs or Medi-Cal program, and/or because your license, certification, or approval to provide healthcare services has been surrendered or revoked. Enclosed are copies of the documents relied upon by the Administrative Director as the basis for taking this action. You can access the quarterly updates to the list of suspended and ineligible providers maintained by the State Department of Health Care Services for the Medi-Cal program at https://mcweb.apps.prd.cammis.medi-cal.ca.gov/references/sandi.

Your suspension will start 30 calendar days after the date of mailing of this notice, unless you submit a written request for a hearing, which will stay the suspension pending the outcome of the hearing. Your request must be made within 10 calendar days of the date of mailing of this notice. If you do not request a hearing within the 10-day time limit, you will be suspended from participation in the California workers' compensation system pursuant to California Code of Regulations, title 8, section 9788.2(b).

Your request for a hearing must contain:

- Your current mailing address;
- The legal and factual reasons as to why you do not believe Labor Code section 139.21(a)(1) is applicable to you;
- Your original signature or the original signature of your legal representative; and
- A valid email address for subsequent service of pleadings and/or correspondence.

The scope of the hearing is limited to whether or not Labor Code section 139.21(a)(1) is applicable to you. The Administrative Director is required to suspend you unless you provide proof in the hearing that Labor Code section 139.21(a)(1) does not apply.

Your original request for a hearing and one copy of the request must be filed with the Administrative Director. Additionally, you must also serve one copy of the request for a hearing on the DIR Anti-Fraud Unit. This may be completed either by regular mail or via email to: AntiFraudUnit@dir.ca.gov.

The mailing address for the Adminitrative Director is:

Hearing Request
Administrative Director
Division of Workers' Compensation
1515 Clay Street, Suite 1700
Oakland, CA 94612

And/or if needed:

Hearing Request
Department of Industrial Relaitons
Office of the Director – Anti-Fraud Unit
1515 Clay Street, Suite 701
Oakland, CA 94612

The original and all copies of the request for hearing must have a proof of service attached. A sample proof of service, containing all necessary elements, can be found on the DWC website at https://www.dir.ca.gov/dwc/forms.html, under the category "Court Forms," and then "Proof of Service." The Administrative Director is required to hold your hearing within 30 days of the receipt of your written request. The hearing will be conducted by a hearing officer appointed by the Administrative Director. You will be notified shortly after the receipt of your request of the date and time of the hearing.

For more information about the suspension procedure, please refer to Provider Suspension Regulations, California Code of Regulations, title 8, sections 9788.1 - 9788.4, which can be found on the DWC website at https://www.dir.ca.gov/dwc/dwcpropregs/provider-suspension-procedure/Final/Clean-Text-of-Regulations.doc.

Sincerely,

/S/ Nicole Richardson
Nicole Richardson
Administrative Director
Division of Workers' Compensation

Encls:

- License and Verification Detail: CA Department of Public Health, License revocation date 11/17/2016
- CA Department of Public Health Notice: Immediate Revocation of Nurse Assistant Certification & Intent to Enter a Finding Abuse, dated 8/03/2020
- Case Detail: *People v. Matthew Fluckiger,* San Diego Superior, County of San Diego, Court Case No. SCE403629, filed 12/11/20
- CDCR CA Incarcerated Records and Information Search Results, dated 7/30/26
- CA Department of Health Care Services Letter Re: Suspension from the Medi-Cal Program, dated 1/03/2024
- Declaration of Louis Andrews in Support of Notice of Provider Suspension, dated 8/13/2026
- Proof of Service (Certificate of Service by Mailing)