



Waiver Personal Care Services

Integrated Systems of Care Division



Agenda

- Welcome & Introductions
- Purpose: To inform counties, public authorities, and stakeholders about the State WPCS program
- Legislative History
- Definitions
- Eligibility Criteria
- Applying for WPCS
- Services Available in WPCS
- Process for Enrolling as a WPCS provider
- Waiver Agency Contact Information
- WPCS OT Workweek Exemptions



Legislative History



- The Waiver Personal Care Services (WPCS) program was established through Assembly Bill (AB) 668 (Aroner, Chapter 896, Statutes of 1998).
- AB 668 added Section 14132.97 to the Welfare and Institutions (W&I) Code.



Legislative History



- WPCS was initially established as a personal care services (PCS) benefit through the Nursing Facility/Acute Hospital (NF/AH) and In Home Operations (IHO) waivers.
- On May 16, 2017 the Centers for Medicare and Medicaid (CMS) approved the Home and Community-Based Alternatives (HCBA) waiver (formerly the NF/AH waiver).
- WPCS remains a waiver benefit available under the IHO and HCBA waivers.



IHO Waiver Sunset / Transition



- The IHO Waiver sunset on December 31, 2019 and all IHO Waiver participants were transitioned to the HCBA Waiver before that date.
- Upon transition to the HCBA Waiver, IHO Waiver participants maintained all WPCS services and providers previously authorized under the IHO Waiver.



Definition



- WPCS is designed to assist the waiver participant with gaining independence with the activities of daily living (ADLs) and preventing social isolation.
- WPCS assist the waiver participant with maintaining independence in their home and the community.



Eligibility Criteria



To be eligible for WPCS, the participant must:

- Be enrolled in and receiving federally funded State Plan PCS via the In-Home Supportive Services (IHSS) program
- Exhaust their current authorized PCS benefits



Application Process



- Applicants must first apply for enrollment in the HCBA Waiver.
- A representative from the applicable waiver agency will schedule an initial in-home assessment with a case manager and/or nurse evaluator.
- HCBA Waiver service needs are determined during the assessment and authorized as determined medically necessary if the applicant is approved for enrollment.



Role of the HCBA Waiver Agency



- Waiver agencies are contracted under the HCBA Waiver to conduct waiver administration functions (ie. enrollment process and service authorizations) and waiver case management.
- A WPCS participant may contact the waiver agency to reach their waiver care management team (comprised of a registered nurse and social worker).
- HCBA contracts with nine waiver agencies, each with a specific service area that could include one or multiple counties or specific zip codes within a county. Waiver agency service areas do not overlap.
- Alpine, Imperial, Inyo, Marin, Mendocino, Mono, and Napa counties do not have an assigned waiver agency. In these counties waiver administration functions and waiver case management are provided directly by DHCS.



Waiver Agency Contact Information



Waiver Agency	Service Area	Phone Number
Access TLC	Santa Barbara County, and sections of Los Angeles and Orange Counties	805-517-1620
Center for Elders' Independence	Alameda and Contra Costa Counties	510-318-7375
Home Health Care Management	Butte, Glenn, Sacramento, San Joaquin, Shasta, Solano, Sutter, Tehama, Yolo, Yuba, Colusa, Del Norte, El Dorado, Humboldt, Lake, Lassen, Modoc, Nevada, Placer, Plumas, Sierra, Siskiyou, and Trinity Counties	530-343-0727
Institute on Aging	San Francisco, San Mateo, San Bernardino, and Riverside counties	650-285-6437 OR 415-750-8761
Libertana Home Health	Kern, Fresno, Kings, Tulare, Madera, Mariposa, Merced, Stanislaus, Tuolumne, San Luis Obispo, Amador, Calaveras, Santa Clara, Santa Cruz, San Benito, Monterey, and sections of Los Angeles and Orange counties	818-902-5000
Partners in Care	Sections of Los Angeles County	818-837-3775
San Ysidro Health	San Diego County	833-503-5910
Sonoma County Human Services Department	Sonoma County	707-565-6440
Ventura County Agency on Aging	Ventura County	805-477-7325



Authorization of Hours



- A waiver participant can receive up to, but no more than, 24 hours of direct care and protective supervision service hours per day.
- This hourly maximum includes private duty nursing hours as well as both IHSS and WPCS hours combined.
- Waiver agency staff and nurses confirm IHSS hours prior to authorizing WPCS hours to remain in compliance with the 24 hour direct care maximum.



WPCS Benefits Include



- Assistance to support independence in ADLs
- Adult companionship and protective supervision
- Limited assistance while a participant is hospitalized



Examples of Independence-related ADLs Assistance



- Verbal cueing
- Monitoring for safety
- Reinforcement of the participants attempt to complete self-directed activities
- Advising the primary caregiver of any problems that occur
- Providing information for updating the Plan of Treatment (POT)



Examples of Companionship Assistance



- Non-medical care
- Supervision, when appropriate
- Socialization
- Assistance with accessing self-interest activities or activities in the local community for socialization and recreational purposes



Services while Hospitalized



- WPCS providers may provide services outside of the health care facility setting, while a participant is hospitalized, for a maximum of 7 days.
- Each time the participant is admitted, the provider must submit written documentation to the Waiver Agency or DHCS describing the specific activities performed, the amount of time each activity required, and the total number of hours they worked.



Services Available during Hospitalization



- Routine housekeeping in the participants absence
- Collection of mail in the participants absence
- Grocery shopping for the participants return home
- Assistance with obtaining medications and medical supplies for the participants return home
- Availability to accept delivery of Durable Medical Equipment (DME) and supplies at the participants home



Enrolling as a Provider



- Must be at least 18 years of age.
- If an individual would like to become a WPCS provider, they must complete the IHSS provider orientation and enrollment process first; or
- Be employed directly by a Personal Care Agency.



Enrolling a Provider



- Once a provider is eligible to provide services through the IHSS program, they will need to fill out a WPCS Provider Agreement form.
- A provider agreement form can be requested from the designated HCBA waiver agency for the applicable service area.
- The waiver agency will send out the provider agreement form to the participants mailing address.



Enrolling a Provider II



- Provider agreement forms for those counties serviced by DHCS should be sent directly to DHCS.
- Provider agreement forms are found at:
https://www.dhcs.ca.gov/services/ltc/Documents/Waiver_Service_Provider_Agreement.pdf
- When sending these provider agreement forms to DHCS, please email them to:
Wpcsrequests@Dhcs.ca.gov



Enrolling a Provider III



- Provider agreement forms for those counties serviced by a Waiver Agency should be sent directly to the case manager of the appropriate Waiver Agency.
- The Waiver Agency will then provide the information of the new provider to DHCS.



WA Provider Agreement Form



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

HOME AND COMMUNITY-BASED ALTERNATIVES (HCBA) WAIVER PERSONAL CARE SERVICE (WPCS) PROVIDER AGREEMENT FORM

FOR _____
(Participant's name; please print or type)

Name of HCBA WPCS Provider (Please type or print)	
Address	
Telephone	Provider Number

The Department of Health Care Services (DHCS) is responsible for the HCBA Waiver under Medi-Cal and delegates the responsibility for certain administrative functions to contracted HCBA Waiver Agencies, including [WAIVER AGENCY'S NAME]. Two of the administrative responsibilities delegated to HCBA Waiver Agencies include monitoring the implementation of services provided under the Waiver, and providing technical assistance to WPCS providers when necessary. Technical assistance includes monitoring the quality of WPCS, explaining the provider enrollment processes to prospective providers, instructing beneficiaries on how to access the services for authorization, and submitting requests for WPCS authorization to DHCS to be processed.

The WPCS provider agrees, under penalty of perjury, that all claims for services provided to an HCBA Waiver participant have been rendered as prescribed by the attending physician, and in accordance with the Waiver participant's written Plan of Treatment. The WPCS provider shall also ensure that all information submitted to the HCBA Waiver Agency is accurate and complete, as it relates to the authorization of the requested service. The WPCS service provider understands that federal and state funding is used to pay for services rendered under the HCBA Waiver. Therefore, the provider is required to adhere to all federal Medicaid requirements pertaining to the provision of WPCS. **Any falsification or concealment of a material fact by the WPCS provider may result in the provider being prosecuted under federal and/or state laws.** The WPCS provider agrees to keep, for a minimum period of three years from the date of service, a printed, legible representation of all records that are necessary to disclose the full extent of services furnished to the Waiver participant. The WPCS provider agrees to furnish these records, and any information regarding payments claimed for rendering the services within the State of California, upon request, to: DHCS; the Medi-Cal Fraud Unit; the California Department of Justice; the Office of the State Controller; the U. S. Department of Health and Human Services; or any duly authorized representative. The WPCS provider also agrees that services are offered and provided without unlawful discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation. |

THIS AGREEMENT MUST BE SIGNED, DATED, AND RETURNED TO [WAIVER AGENCY'S NAME] BEFORE WPCS SERVICE HOURS WILL BE AUTHORIZED. For billing purposes, a start date must be included below and validated by the HCBA Waiver participant.

Start of Care Date: _____	HCBA Waiver Participant's Validation (Please Initial): _____
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By signing and submitting this agreement to the HCBA Waiver Agency, the provider indicates willingness to comply with all requirements outlined in this Agreement, and the California Code of Regulations, Title 22, Division 3, and the Welfare and Institutions Code, Division 9, Part 3.

Signature of HCBA WPCS Provider	Date
Signature of HCBA Waiver Agency Representative	Date
Please print or type the name of the Waiver Agency Representative.	Title

Please return the signed HCBA WPCS Provider Agreement to the HCBA Waiver Agency by mail or by FAX.

HCBA Waiver Agency's Mailing Address:

[Name of Waiver Agency]
[Street Address Line 1]
[Street Address Line 2]
[City], CA [Zip Code]
Attn: [Name of appropriate staff]

HCBA Waiver Agency's FAX number:

[Waiver Agency FAX Number]



Authorized Provider Hours



- A provider who cares for one participant is allowed to work up to 70.45 hours a work week with IHSS/WPCS hours combined.
- While a provider who works for two or more participants can work up to 66 hours a work week with IHSS/WPCS hours combined.
- A WPCS workweek begins at 12:00 a.m. on Sunday and ends at 11:59 p.m. the following Saturday.



Overtime Exemption



- If a provider wants to work over the number of authorized hours, they can apply for an OT Exemption.
- If the provider is approved for the OT Exemption, they would be allowed to work up to 12 hours a day and up to 360 hours a month with IHSS/WPCS hours combined.



Overtime Exemption



- Link: <https://www.dhcs.ca.gov/services/ltc/Documents/WPCS-Exemption-Request-Form.pdf>

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Provider Number _____

WAIVER PERSONAL CARE SERVICES (WPCS) WORKWEEK EXEMPTION FOR WPCS CARE PROVIDERS

PROVIDER NAME:	PROVIDER NUMBER:
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Part A: PROVIDER REQUIREMENTS

Beginning in 2016, state law limited the maximum weekly number of hours a WPCS provider can work in a workweek. A provider providing authorized WPCS services to one Waiver participant will be paid overtime if they work more than 40 hours a week, not to exceed a 66 hour workweek for both WPCS and IHSS combined. WPCS providers and/or WPCS recipients can request an exemption to the 66 hour workweek limit that will allow the provider to work up to a maximum of 12 hours per day, or 360 hours per month of WPCS and IHSS combined.

Medi-Cal will grant an exemption to the 66 hour workweek limit if **all** of the following criteria are met:

1. The WPCS recipient was enrolled in either the In Home Operations (IHO) Waiver or the Home and Community Based Alternatives (HCBA) Waiver, formerly known as the NF/AH Waiver, on January 31, 2016, and
2. The WPCS recipient's medical or behavioral needs require that the services to the WPCS recipient be provided by the requested provider.
3. One of the following circumstances exists:
 - The WPCS provider lives in the same home as the WPCS participant; or
 - The provider is now caring for the WPCS participant and has done so for two or more years without a break; or
 - The participant is unable to find a provider who speaks the same language.

Exemptions to the 66 hour workweek limit may be granted on a case by case basis for participants who enrolled in the HCBA Waiver or IHO Waiver after January 31, 2016.



Overtime Exemption page 2



STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Provider Number _____

Please complete Part B of this form and provide all information to verify that you meet the requirements to qualify for this exemption.

Part B: PROVIDER & PARTICIPANT INFORMATION

INSTRUCTIONS: Provider must complete the information below. Mark an X under any of the criteria in the table below, which applies to you and the WPCS participant.

1. Participant Name: _____
2. Participant Case Number: _____
3. Participant Signature: _____ OR
4. Authorized Representative Signature: _____

You live in the same home as the Participant.	You have an established and active working relationship for two or more years with the Participant, without a break.	The participant is unable to find a provider who speaks the same language.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Overtime Exemption page 3



I declare that I meet all of the requirements to qualify for this exemption and am interested in this exemption. I further declare that all of the information I have provided on this form is true and correct to the best of my knowledge. I agree to adhere to all requirements for overtime under this exemption. If I no longer meet one of the three requirements for this exemption I will notify DHCS immediately and will no longer qualify for this exemption. I understand that I will then be subject to the existing overtime limitation restrictions.

PROVIDER SIGNATURE:

DATE:

PROVIDER'S PRINTED NAME:

Please mail completed form to:

Department of Health Care Services
Integrated Systems of Care Division
1501 Capitol Avenue, MS 4502
P.O. Box 997437
Sacramento, CA 95899-7437 ATTN:
WPCS

FOR STATE USE ONLY

NURSE
EVALUATOR
NAME:

DATE:

APPROVED

DENIED

REASON FOR DENIAL:



Provider Benefits effective July 1, 2019



Beginning July 1, 2019 WPCS providers began receiving new benefits for the purpose of creating parity between the IHSS and WPCS programs, including:

- Health Benefits
- Collective Bargaining Rights
- Union Membership Rights
- Additional county-specific benefits



Provider Benefits effective July 1, 2020



Effective July 1, 2020 related to the passage of AB 1811, WPCS providers can begin claiming sick leave using the same process as IHSS providers.

For more information, please visit:

<https://www.cdss.ca.gov/inforesources/ihss-providers/resources/sick-leave>



For Additional Information



- About the HCBA Waiver:
<https://www.dhcs.ca.gov/Pages/Search.aspx?q=wpcs>
- HCBA Waiver Application:
<https://www.dhcs.ca.gov/services/ltc/Documents/2019HCBAApp.pdf>
- 2019 All County Welfare Directors' Letters (ACWDL)
<https://www.dhcs.ca.gov/services/medical/eligibility/Pages/2019ACWDLs.aspx>
- WPCS Payroll Line:(916) 552-9214
- Electronic Timesheet Service & Direct Deposit Installation (Help Desk):
(866) 376-7066