

TITLE: WPCS Workweek Overtime Exemption Requests Process

DATE: 2022 NUMBER OF SPEAKERS: 1 speaker

TYPE: PowerPoint presentation with audio transcription

NUMBER OF SLIDES: 39

Slide #1: Title: WPCS Workweek Overtime Exemption Requests Process

By: Integrated Systems of Care Division

Audio: Hello, and welcome to the Overtime Exemption Requests Process Training. On January 1, 2023, Waiver Agencies are taking over the process of “adjudicating” (deciding whether to grant or deny) these Overtime (OT) Exemption requests after they are received from Providers or Participants (these requests usually come in from Providers). These updates in the Overtime Exemption Process are a direct application of Policy Letter No. 22-001. The purpose of this training is to ease the transfer of this task from being DHCS’s responsibility to being the responsibility of the Waiver Agencies.

DHCS will still be a part of the process, but only to grant “final approval” (or denial) on those OT Exemption requests, which the Waiver Agencies have adjudicated. The WPCS Unit will be responsible for entering the Exemptions in CMIPS (the State IHSS Payment system) and sending the DHCS letters of approval or denial to the Provider, the Participant, and the Waiver Agency. The OT Exemption will not become operative until it has been finally approved by DHCS.

Slide #2: Title: Viewing Instructions

Text: Viewing Instructions:

Select the “Slide Show” Tab in PowerPoint.

Adjust computer for audio content.

Click to play “From Beginning”.

This slide will automatically advance after 5 seconds.

If the presentation must be paused, select “Pause” or “End” from the additional options in the lower left-hand corner of the presentation screen. Play “From Current Slide” to restart. If you prefer to review the slides without audio, click below to open “Notes” which is the script of the added audio.

Audio: This slide includes instructions for viewing this presentation. Please take a few minutes to review it. If you need more time, press “Pause” from the Additional Options in the lower left-hand corner of the presentation screen.

Slide #3: Course Acronyms

Text: (In bullet point format)

CMT - Care Management Team

DHCS - Department of Health Care Services

HCBA - Home and Community Based Alternatives

IHSS - In-Home Supportive Services

OT - Overtime

WA - Waiver Agency

WPCS - Waiver Personal Care Services

Audio: These acronyms will appear during the presentation. Each will be spelled out upon first use. CMT is Care Management Team. This team consists of an RN and a Social Worker from the Waiver Agency; DHCS is the Department of Health Care Services; HCBA is Home and Community Based Alternatives Waiver; IHSS is In-Home Supportive Services; OT is Overtime; WA is Waiver Agency and WPCS is Waiver Personal Care Services.

Slide #4: Title: What is Overtime (OT)?

Text: (In bullet point format)

Welfare & Institutions Code (WIC) 12300.4. establishes Overtime (OT) rules.

OT is when a Provider works over:

8 hours per day AND

40 hours per work week.

A work week is 12:00 a.m. Sunday to 11:59 p.m. Saturday.

OT pay is one and a half times the county pay rate.

Audio: For the Home and Community Based Alternatives (HCBA) Waiver, overtime is paid for previously authorized hours when a Waiver Provider works more than 8 hours a day AND 40 hours a week. Hours worked are IHSS, WPCS or a combination of both. Overtime pay is time and a half.

Slide #5: Title: Overtime Limits

Text: No Waiver Provider may work more than: (In bullet point format)

283 total hours (of IHSS plus WPCS hours) in a month.

12 hours in a day.

If working for *only one* Participant, no more than 70 hours and 45 minutes per work week.

If working for *more than one* Participant, no more than 66 hours per work week.

Audio: It is a Waiver requirement that the provider be alert and awake during working hours. Going over these daily, weekly, and monthly limits will result in a violation. Each active violation accumulated will increasingly impact the Provider's ability to provide services. More details are in the next slide.

Slide #6: Title: Overtime Violations

Text: If a Provider works more than the standard overtime limits of 12 hours any given day, 70 hours and 45 minutes or 66 hours per week and 283 hours in one month, *without* a granted OT Exemption request, they will receive a violation.

(In bullet point format)

First Violation: A violation notice and dispute rights will be mailed to the Provider. A copy of the violation notice will also be mailed to the Participant.

Second Violation: A violation notice, dispute rights, and training packet will be mailed to the Provider. The provider has a one-time option to review the training material and return the training completion form to DHCS in order to remove their second violation. A violation notice will also be mailed to the Participant.

Third Violation: A violation notice and State Administrative Review rights information will be mailed to the Provider and Participant. The Provider will be suspended from WPCS and IHSS for 90 days.

Fourth Violation: A violation notice and State Administrative Review rights information will be mailed to the Provider and Participant. The Provider will be terminated from WPCS and IHSS for one year.

Audio: If a Provider works more than 283 hours in one month, without a granted OT Exemption request, they will receive a violation. Multiple violations can result in a Provider being de-activated, and unable to work any further hours. With each violation, forms and education material will be automatically mailed to the provider to complete and return. Providers are to complete and return any forms related to violations. Completion and review of these is

imperative so that Providers understand limits and can correctly claim hours in the future, decreasing the possibility of another violation.

Slide #7: Title: What is an Overtime Exemption?

Text: OT Exemptions allow Providers to work: (In bullet point format)

Up to 360 hours a month.

Up to 12 hours per day.

An OT exemption request must be pre-approved before the Provider can claim OT hours above standard limits (283 hours/month).

OT Exemptions are not back dated.

Audio: Before a Provider can work more than 283 hours/month, they must request and be granted an OT Exemption. Even if the Provider receives an OT Exemption, they still may not work more than 360 hours/month. It is very important that the request is approved BEFORE the Provider works beyond the standard limit, or else they will be in violation of the Fair Labor Standards Act Overtime Limits.

If a Participant is approved for more than 360 hours/month, they MUST have at least two caregivers, or else, they will be in violation of the Waiver. If there is only one Provider and they have more than 283 hours, but less than 360 hours of combined IHSS/WPCS hours, they must have an OT exemption. Remember, the purpose of the Waiver is to provide safe care to the Participants. If a WA is enrolling cases or maintaining those cases without sufficient caregivers, they put the Provider at risk for burnout and the Participant at a safety risk. An OT exemption is sometimes a temporary necessity but should not always be the permanent solution.

There are 2 "types" of OT Exemptions. The first is for Participants enrolled in the HCBA Waiver prior to 01/31/2016 and the other is for those enrolled after 01/31/2016.

Slide #8: Title: Which Exemption Applies?

Text: (2-column table. Left side titled "Exemption 1." Right side titled "Exemption 2." 5 rows each)

Left Column "Exemption 1" (In bullet point format)

Participant enrolled on or before January 31, 2016

Functional or behavioral needs require that the IHSS and/or WPCS services be provided by a specific Provider AND

One or more of these are true: i, ii, or iii (see DHCS 2279, page 2)

Complete Exemption 1, A-F on page 4-5

Approved OT exemptions are valid for one year. Some may be valid with no end-date if both the Participant and Provider enrolled with the Waiver prior to January 31, 2016

Right Column "Exemption 1" (In bullet point format)

Participant enrolled after January 31, 2016

At least one of these are true: 1, 2, 3, or 4 (see DHCS 2279, page 3) AND

DHCS agrees that there are no other possible Providers to assist with the Participant's care

Complete Exemption 2, A-I on pages 5-7

Approved OT exemptions are valid for one year

Audio: There are two types of Overtime Exemptions. The first exemption type applies to participants enrolled on or before January 31, 2016 and second type is after January 31, 2016. To be approved, each type must meet the criteria within the applicable column above. Please note that approved type 1 OT exemptions may be valid with no end date, while approved type 2 OT exemptions are valid for only one year.

Slide #9: Title: Exemption 1 Requirements

Text: For participants enrolled in the HCBA Waiver PRIOR TO 01/16/2016, the following requirements must be met to be eligible for an OT Exemption:

The Provider/Participant must prove the Participant has functional and/or behavioral needs which require the services be provided by the Provider in question, AND at least one of the following:

Audio: A doctor's note will suffice as evidence a Participant "has functional and/or behavioral needs which require the services be provided by the Provider in question."

Slide #10: Title: Exemption 1 Requirements Continued

Text: (Items (i)-(iii) are found on Page 2 of the Waiver Personal Care Services (WPCS) Workweek Overtime Exemption Request form.)

(In bullet point format)

(i) The Provider lives in the same home as the Participant at least 5 days and nights per week on a regular basis, *OR*

(ii) The Provider currently provides care to the Participant at least 8 hours per day, and has done so for two or more years continuously, *OR*

(iii) The Participant is unable to find an additional local caregiver who speaks the same language as the Participant.

Audio: (i) – (iii) will typically be “proven” by the Provider/Participant’s own written statement these are true. Written statements are written documents attesting that the information provided is correct and true followed by the person’s name, signature, and date of signature. If there is any doubt that the existing Provider’s length of employment under the Participant is at least 2 years, the IHSS/WPCS unit may be able to confirm.

Slide #11: Title: Exemptions Without an End Date

Text: A requested OT Exemption will be granted without an end date if:

(In bullet point format)

The Participant was enrolled in the Waiver prior to January 31, 2016, *and*

Their provider was working for them *prior* to January 31, 2016, *and*

They qualify for it based on requirements outlined on the previous slides

If all the above apply, but the provider started working *after* January 31, 2016, they must renew their OT exemption yearly (there is an end date).

Audio: This slide pretty much says it. These providers were “Grandfathered In” and are allowed to keep their OT exemptions without renewing them annually.

Slide #12: Title: Exemption 2 Requirements

Text: For Participants enrolled in the HCBA Waiver AFTER January 31, 2016, at least one of the following must be met:

1. The Provider lives in the same home as the Participant at least 5 days and nights per week on a regular basis, *OR*
2. The Provider currently provides care to the Participant at least 8 hours per day, and has done so for two or more years continuously, *OR*

Audio: 1-2 are typically “proven” by the Provider’s/Participant’s own written statement these are true. Written statements are written documents attesting that the information provided is correct and true followed by the person’s name, signature, and date of signature.

Slide #13: Title: Exemption 2 Requirements Continued

Text:

3. The Participant is unable to find an additional local caregiver who speaks the same language as the Participant.
4. The Provider provides WPCS care for more than one Waiver Participant.

Additionally, DHCS must agree there are no other Providers available to assist with the Participant’s care. (Items 1-4 are found on page 3 of the Waiver Personal Care Services (WPCS) Workweek Overtime Exemption Request form)

Audio: 3. will typically be “proven” by the Provider/Participant’s own written statement these are true. 4 will be documented in the IHSS/WPCS payroll system, however, the Provider/Participant must still submit a written statement this is true. DHCS determines there are no other Providers available by the documentation submitted by the Participant/Provider of efforts made to find other appropriate Providers without success. This will be discussed further in the next slides.

Slide #14: Title: Pre and Post 01/16/2016 OT Exemption Approval Examples

Text: (2-column table. Left side titled “Pre 01/31/2016.” Right side titled “Post 01/31/2016.” 3 rows each)

Left Column “Pre 01/31/2016” requirements. Row 1 (In bullet point format)

Participant: enrolled in the Waiver program since 2015 and requires 24-hour care

Provider: providing care since 2015 to current 8 hours a day.

Left Column “Pre 01/31/2016” requirements. Row 2 (In bullet point format)

- **Participant:** enrolled since 2014, is non-ambulatory, requires full assistance with all activities of daily living, etc.
- **Provider:** providing care 6 days/nights a week since 2014, and lives in the same home

Left Column “Pre 01/31/2016” requirements. Row 3 (In bullet point format)

- **Participant:** enrolled in the Waiver program since 2013, dependent on others for all activities of daily living, is non-verbal and communicates with gestures, etc.

- **Provider:** providing care 8 hours a day since 2013.

Right Column “Post 01/31/2016” requirements. Row 1 (In bullet point format)

- **Participant:** enrolled in the Waiver program since 2020, is ventilator dependent, g-tube fed, and non-ambulatory.
- **Provider:** providing care 5 days/nights per week since 2020 and lives in the same home.

Right Column “Post 01/31/2016” requirements. Row 2 (In bullet point format)

- **Participant:** enrolled in the Waiver program since 2017, has advanced multiple sclerosis, etc. requires supervision/assistance with all daily activities and medical appointments.
- **Provider:** providing care since 2017 to current 8 hours a day

Right Column “Post 01/31/2016” requirements. Row 3 (In bullet point format)

- **Participant:** enrolled since 2019, has chronic inflammatory demyelinating polyneuropathy (CIDP), etc., lives in an area of only 53,000
- **Provider:** only person within 30 miles who speaks participant's language of Urdu, care since 2019

Audio: These are examples of scenarios in which Providers would be granted an OT exemption. For each example, please note the qualifying criteria for the Participant and the Provider. These criteria are stated in slides #8-12. For the Participant, notice when they were enrolled in the Waiver program and their functional and/or behavioral needs. For the Provider, notice since when and how often they are providing care, and how they alone are best suited to provide care (in the example above, the Provider is the only person who speaks the Participant’s language).

Slide #15: Title: Proof of Providers Declining Employment

Text: How can a Provider or Participant get the WA or DHCS to agree there are no other Providers available to assist with the Participant’s care?

(In bullet point format)

The Participant/Provider must work with the WA (or DHCS nurses when there is no WA) to find other Providers. Unsuccessful attempts to find Providers must be documented for DHCS.

Audio: Providing ample tangible proof of your attempts to find other Providers is your best bet to help justify your need for an overtime exemption.

Slide #16: Title: Reasons

Text: Acceptable reasons why searches for Providers might be unsuccessful:

(In bullet point format)

1. Participant lives in a rural area.
2. Unable to find Providers who speak Participant's language.
3. Participant's functional and/or behavioral care needs are those which require a specific Provider.

Audio: 1 and 2 require a written statement by the Provider/Participant these are true. For 1 and 2, the Waiver Agency can also assist by providing the population of the area where the Participant resides and perhaps even the population of those who speak the Participant's language. This can indicate how difficult it might be to find a person willing to be a caregiver in the area. 3 is typically proven by a Doctor's note.

Slide #17: Title: Examples of Unsuccessful Provider Searches:

Text: Example 1: (In bullet point format)

Participant only speaks Farsi

Lives in a remote area with a Spanish and English speaking population (42,000 people).

Posts on social media. Nobody answers.

Example 2: (In bullet point format)

Participant lives in a remote area

Posts help wanted ads in the local paper and distributes flyers at their local church.

2 people replied. 1 never showed up and the other never messaged back.

Example 3: (In bullet point format)

Participant posts help wanted on social media and searches the IHSS Public Authority provider registry

Stated in posts that Providers must learn to use a lift and breathing tube).

3 providers started, but none stayed for more than a week.

Audio: Please note that in the examples on the slide, efforts were made to search for Providers by posting ads in the local paper, job websites, social media, their church, etc. The more avenues used to search for Providers, the better their chances are at finding them. In these

examples, Providers either never show up, do not stay or simply do not reply. These are all acceptable reasons why some Provider searches have been unsuccessful. Remember, the search for Providers is a continuous process that the WA must assist with. A sufficient number of Providers to provide care is important for the Participant's health and well-being as well as the other Providers'.

Slide #18: Title: Written Proof

Text: The Participant/Provider/WA must provide written proof of the following to DHCS:

(In bullet point format)

1. Copies of the ads placed/posted for Providers.
2. A written explanation for the response/lack of response to the ads. *AND*

Audio: This is where many OT Exemption requests fail. 1 requires actual copies of the ads placed/posted for Providers. For example, a copy of a newspaper ad. 2 requires written statements by the Provider/Participant. This should be a list with names, contact information, dates of contact/outreach, and how they responded.

Slide #19: Title: Written Proof Continued

Text: (In bullet point format)

3. Written verification that the Public Authority was contacted for a Provider Registry and an explanation of what actions were taken with the registry/list, including names and phone numbers or email addresses of Providers contacted.
4. Written verification that Home Health Agencies and Personal Care Agencies were contacted and what happened with those contacts, preferably, on the agencies letterhead. *AND*

Audio: 3 and 4 require written statements by the Provider/Participant. This would be in the form of lists with names and contact information and dates of people contacted, how they responded to the job inquiry, and any reason given by the applicant for why they were unable to accept the job posting.

Slide #20: Title: Written Proof Continued

Text: (In bullet point format)

5. A written explanation of all other efforts made to find other Providers, names, dates, and contact information for all potential Providers who were contacted and why they were not hired.

Audio: 5 requires written statements by the Provider/Participant. This would be in the form of lists with names and contact information and dates of people contacted and how they responded.

Slide #21: Title: Waiver Agency Responsibilities

Text: In bullet point format

Assist with completing the forms, searching for providers, and obtaining required documentation.

Completed forms are sent to the WA who will determine if the requirements are met and issue an approval or denial.

If denied, the WA will send a denial notice to the Participant/Provider with instructions how they can request a secondary review.

Send approved forms (DHCS 2279) to DHCS.

For DHCS approved exemptions, sets up "Task" in MedCompass six weeks prior to the OT exemption end-date to complete renewals, if necessary.

Audio: WAs have a responsibility to aid the Provider/Participant throughout the entire OTE process. WAs must assist in the continuous search for providers, filling out the DHCS 2279 to completion, gathering all necessary supporting documents and adjudicating these requests. WAs are also responsible for providing the Provider/Participant with information for the secondary review process as necessary. WAs must send over the approved DHCS 2279 forms to DHCS. When DHCS approves exemptions that have an end date, WAs must set up a "Task" in MedCompass six weeks prior to that end date, to complete renewals.

Slide #22: Title: How to Request an OT Exemption? - Tips for Filling out the Forms

Text: [Click here for the Form DHCS 2279 \(Hyperlink to Form DHCS 2279\)](#)

Audio: The DHCS 2279 form is available on the DHCS website at Personal Care Services Overtime. You can also access it by clicking on the hyperlink on this slide. When emailing the OT Exemption Request (DHCS 2279), please create ONE PDF file and do not send separate files to CareManagement@dhcs.ca.gov. The submitted file should include the appropriate form with ALL supporting documentation.

Slide #23: Title: Page 1 of 9

[Imagery: Section 1 and 2 from Form DHCS 2279. Section 1: Provider Information with prompts for #1-3 Section 2: Participant Information with prompts for #4-14]

Audio: Section 1 is PROVIDER Information:

3. Ask the Provider if they have an active OT exemption in place with another Participant/case. This will tell you if they DO work for other Participants. If they do not know what you are talking about or you simply cannot get the information from the Provider, your LAST RESORT is to request the information from the WPCS Unit.

Section 2 is PARTICIPANT Information:

8. Number of OT Exemptions already granted for this Participant. It is possible for a Participant to already have a Provider who has an exemption. Perhaps the Provider is in the hospital or on vacation and they need a second or even third exemption for a particular reason. If the Participant is not sure or does not know, please, as a last resort, ask the WPCS Unit.
9. Number of IHSS-only Providers. These Providers are JUST under IHSS, they are NOT WPCS AT ALL. These Providers only claim IHSS hours and NOTHING else.
10. IHSS Hours (total)
11. Number of WPCS-only Providers. These Providers are JUST WPCS, they are NOT IHSS AT ALL. These Providers only claim WPCS hours and NOTHING else.
12. WPCS Hours (total)
13. IHSS/WPCS Providers (do not count solely WPCS or solely IHSS Providers here – Count Providers who do both IHSS and WPCS.) These Providers claim both IHSS and WPCS hours.
14. TOTAL number of Providers. This is the total of #9 + #11 + #13 on the form.

Slide #24: Title: 2 of 9

[Imagery: Page 2 of 9 of Form DHCS 2279 – Exemption Requirements: Waiver Participants Enrolled On or Before January 31, 2016]

Audio: Pages 2 and 3 of the form are instructions. Page 2 tells the Participant and or Provider they must work with the WA to complete the form and obtain the necessary documentation. If they do and the CMT determines the exemption requirements are met, then the CMT will

approve the exemption and submit to DHCS for final approval...if the requirements are NOT met, the CMT will issue a letter to the participant and Provider denying the exemption and explaining how to ask DHCS for a secondary review of the denial.

DHCS prepared a Denial Template for you to use to send to these participants/Providers. However, it is anticipated that either

- 1) In searching for caregivers, they will be found, and an OT exemption will no longer be needed; or
- 2) In searching for caregivers, you will obtain enough documentation you will be able to justify approving the request and by working with the Providers/Participants the WA will be able to help them meet the requirements to obtain an OT exemption, thus avoiding the need to send a denial letter.

Slide #25: Page 3 of 9

[Imagery: Page 3 of Form DHCS 2279 – Exemption Requirements: Waiver Participants Enrolled On or Before January 31, 2016 continued]

Audio: Please note, if valid, the exemption is only valid for 1 year and then the process starts over again. In some cases where the Provider of a Participant who was enrolled prior to 2016 was granted an OT exemption without an end date, those people will not be required to renew their exemption.

Slide #26: Page 4 of 9

[Imagery: Page 3 of Form DHCS 2279 – Exemption 1: Waiver Participants Enrolled On or Before January 31, 2016. Sections A-F]

[Imagery: Page 3 of Form DHCS 2279 – Exemption 1: Close up of Sections A-C]

[Imagery: Cropped Screenshot of MedCompass Recipient profile with “Enrollment Date” highlighted. Arrow from highlighted “Enrollment Date” section pointing to Section B of Form DHCS 2279 that states “If known, provide the date of enrollment”]

Audio: Part C asks, what is unique or different about this Participant’s medical and/or behavioral condition? Why is the Provider perfectly positioned to meet those needs?

Part D asks, Does the Provider in question live in the same home as the Participant at least 5 nights a week on a regular basis?

Part E asks, Has the Provider been working consistently for the Participant for two or more years, working at least 8 hours/day and 5 days/week? Please describe.

Part F asks, Has the Participant been unable to find another Provider who speaks the same language as the Participant?

Slide #27: Page 5 of 9

[Imagery: Page 5 of 9 of Form DHCS 2279 –Exemption 2: Waiver Participants Enrolled in the NF/AH Waiver, IHO Waiver, or HCBA Waiver *After* January 31, 2016. Sections A-D]

[Imagery: Page 5 of 9 of Form DHCS 2279 – Exemption 2. Close up of Sections A-B]

Audio: Part A asks, Does the Provider live in the same home as the Participant at least 5 days and nights a week on a regular basis?

Part B asks, Has the Provider established an active working relationship for two or more years working at least 8 hours a day 5 days per week without a break in service? This “break” would not include a week or two vacation here and there. Please describe the working relationship.

Part C asks, Is the Participant unable to find a Provider who speaks the same language as the Participant? What is the language in question? Describe these (unsuccessful) efforts.

Part D asks, Does the Provider deliver WPCS services to more than one Participant?

Slide #28: Page 6 of 9

[Imagery: Page 6 of 9 of Form DHCS 2279 –Exemption 2: Waiver Participants Enrolled in the NF/AH Waiver, IHO Waiver, or HCBA Waiver *After* January 31, 2016. Sections A-D]

[Imagery: Page 6 of 9 of Form DHCS 2279 – Exemption 2. Close up of Sections F-G]

Audio: How many Waiver Participants does the Provider work for?

Part E asks, are there other adults in the Participant’s home who are able and willing to become paid Providers for the Participant’s care? Are there potential Providers living in the Participant’s home who are unwilling to become paid Providers for the Participant’s care? Please explain.

Part F asks, does the Participant live in a remote area where finding Providers is challenging? Describe the location and the difficulties

Part G asks, does the Participant have complex functional/behavioral needs which require the assistance of a specific Provider? Explain and document.

Slide #29: Title: Page 7 of 9

[Imagery: Page 7 of 9 of Form DHCS 2279 –Exemption 2: Waiver Participants Enrolled in the NF/AH Waiver, IHO Waiver, or HCBA Waiver *After* January 31, 2016. Sections H-I. Section “Certification – by Provider and Waiver Participant”]

[Imagery: Page 7 of 9 of Form DHCS 2279 – Exemption 2. Close up of partial Section H and Section I]

Audio: Part H asks, if the Participant’s/Provider’ has attempted to find other Providers. It is the WA's responsibility to assist in searching for Providers and obtaining documentation of those efforts. Write a list of all potential Providers contacted.

- How were they contacted? (Facebook? Craigslist? Newspaper ads? Postings on job boards?)
- Include date contacted.
- Include name and phone # of potential Provider contacted.
- Include location of potential Provider contacted.
- Include reason why it did not work out.
- Include other efforts to find new Providers.

Part I prompts to include other factors which should be considered in determining whether the Exemption Two should be granted.

Slide #30: Title: Page 8 and 9 of 9

[Imagery: Page 8 of 9 of Form DHCS 2279 –Exemption 2: Signature section for Provider, WPCS Participant, and CMT. Mailing, fax, and email information]

[Imagery: Page 8 of 9 of Form DHCS 2279 –Close up of signature section]

[Imagery: Page 9 of 9 of Form DHCS 2279 – Signature section for Evaluator. Reason for Approval section. Reason for Denial section.]

Audio: The Provider, Participant, and CMT must sign this page to certify that all information provided in this form is true and correct. Page 9 is the section where DHCS will approve or deny the WA’s pre-approval of the OT Exemption request and explain their approval/denial.

Again, when emailing the OT Exemption Request (DHCS 2279) please create ONE PDF file and do not send separate files to CareManagement@dhcs.ca.gov. The email will be shown in a later slide for your reference.

Slide #31: Title: Secondary Review Process

Text: Click here for the Form DHCS 2280 (hyperlink to Form DHCS 2280)

If the Participant, Provider, or WA believes the initial OT Exemption Request was improperly denied, or if they have further evidence in support of the OT Exemption, they may request a secondary review of the initial denial.

Audio: The DHCS 2280 form is available on the DHCS website at Personal Care Services Overtime. You can also access it by clicking on the hyperlink on this slide. When emailing the Secondary Review Request (DHCS 2280) forms and documentation, please create ONE PDF file and do not send separate files. Send to CareManagement@dhcs.ca.gov.

The Secondary Review process is similar to an appeal process, where the Participant/Provider disagrees with the denial of their OT Exemption request and wishes to have it reconsidered. Secondary Reviews may be submitted either by the Participant/Provider themselves or by the WA on behalf of the Participant/Provider. It is highly encouraged that WAs submit Secondary Reviews on the Provider/Participant's behalf to better ensure documents are complete and thorough. WA submission will also aid in the decrease of potential confusion and stress that the Provider/Participant may experience if they choose to pursue this process independently. Initial OT Exemptions must be submitted by the WA.

Slide #32: Title: Page 1 of 5

[Imagery: Page 1 of 5 of Form DHCS 2280 - Waiver Personal Care Services (WPCS) Workweek Overtime Exemption Secondary Review Request]

Imagery: Page 1 of 5 of Form DHCS 2280. Close up of first half of page 1 of 5]

Audio: The DHCS 2280 (the Secondary Review Request form) is available online to be printed and filled out to be mailed. Alternatively, the form can be filled out and submitted electronically at CareManagement@dhcs.ca.gov. Email and submission by the WA on behalf of the Provider/Participant is the preferred method. Pages 1 and 2 of the DHCS 2280 explains filling out the form.

To be considered timely, the DHCS 2280 must be submitted (postmarked date will be the date utilized to determine this) to DHCS within 30 calendar days of the date on the notice of the denial. Secondary Review requests which are not submitted in a timely manner, will be automatically rejected on this basis. If the Secondary Review request is submitted in a timely manner, DHCS will re-review the original request along with any new documents submitted in support of the request.

If necessary, DHCS will schedule a telephone interview with the Participant/Provider who has requested the Secondary Review, to discuss the matter.

If the initial denial of the OT Exemption request stands, then the Participant/Provider may not submit another request for an OT Exemption until 90 days have passed from the initial denial date, giving them time to search for Providers and have documentation to support their request for an OT exemption.

Slide #33: Title: Page 2 of 5

[Imagery: Page 2 of 5 of Form DHCS 2280 - Waiver Personal Care Services (WPCS) Workweek Overtime Exemption Secondary Review Request. Instructions]

Audio: All parts of the form must be filled out. If filling out a paper copy, you must use black or blue ink. If additional pages are necessary, they may be attached. Providers and Participants, or their Authorized Representative, must sign the signature page on the appropriate lines in black or blue ink or with an electronic signature.

If the Participant/Provider is submitting, they must include a copy of the initial denial notice and any other supporting documents. They can either mail the completed and signed form to DHCS to the address listed on Page 2 or email CareManagement@dhcs.ca.gov . If the Provider/Participant are submitting via mail, it is recommended that they request proof of mailing/receipt from the Post Office and keep it for their records.

If the WA is submitting on the Participant/Provider's behalf, they will submit to CareManagement@dhcs.ca.gov. Electronic submission is recommended to ensure receipt and avoid potential issues that may arise with mailing.

All questions should be directed to the WPCS hotline at 916-552-9214.

Slide #34: Title: Page 3 of 5

[Imagery: Page 3 of 5 of Form DHCS 2280 - Waiver Personal Care Services (WPCS) Workweek Overtime Exemption Secondary Review Request]

Audio: Page 3 of the DHCS 2280 is where the Provider/Participant begins filling out the form. Once this form is filled out and completed, the Provider/Participant has the option to self-submit or the WA can submit it to DHCS on their behalf as mentioned in the previous slide. If the WA submits it to DHCS, they must upload the form to MedCompass, and make a note in MedCompass in the case file.

Provider/Participant must fill out the Provider's name and Provider number.

Provider/Participant must fill out the Participant(s) name(s) and CIN number, as well as the Waiver Enrollment date(s).

The next section of page 3 of the DHCS 2280 is a “check the box” section. If the Participant was enrolled in the Waiver on or before January 31, 2016, they should check the first box and check every applicable box to indicate any of the reasons they seek an OT Exemption.

If there is any new supporting documentation which was not submitted in the original OT Exemption request, it should be attached.

Slide #35: Page 4 of 5

[Imagery: Page 4 of 5 of Form DHCS 2280 - Waiver Personal Care Services (WPCS) Workweek Overtime Exemption Secondary Review Request]

[Imagery: Page 4 of 5 of Form DHCS 2280. Close up of section for additional documents.]

Audio: If the Participant was enrolled in the Waiver after January 31, 2016, they should check the first box on this page and the applicable box(es) to indicate the reasons they seek an OT Exemption. If there is any new supporting documentation which was not submitted in the original OT Exemption request, it should be attached. If there is not any new supporting documentation which the Provider/Participant wishes to have considered, then they should check the final box.

Slide #36: Page 5 of 5

[Imagery: Page 5 of 5 of Form DHCS 2280 - Waiver Personal Care Services (WPCS) Workweek Overtime Exemption Secondary Review Request]

[Imagery: Page 5 of 5 of Form DHCS 2280 - Close up of contact information and signature section]

Audio: The person who completed the form should enter their name, title, email address, phone number, and the date that the form was completed. The Provider, the Participant, or their Authorized Representative or Power of Attorney, and the Waiver Agency CMT must all print their names and sign on the appropriate lines.

Slide #37: Title: Submitting OT Exemption Requests

Text: (In bullet point format)

The WA MUST submit the initial OT Exemption form to DHCS.

However, for Secondary Review Requests, the Provider/Participant can either self-submit or the WA can submit on their behalf (preferred).

Initial OT Exemption Requests and Secondary Reviews Requests are to be submitted via mail or email (preferred) to DHCS at: CareManagement@dhcs.ca.gov.

Audio: WAs must submit initial OT Exemption requests to the care management email box at CareManagement@dhcs.ca.gov. Secondary review forms can be submitted by the Participant/Provider electronically to the same email address or via US mail to the address on the forms, OR, and this is the preferred route, they can be submitted by the WA on behalf of the Participant/Provider and emailed to CareManagement@dhcs.ca.gov.

The WA must upload the documents in MedCompass and leave a case note whenever these forms are mailed/emailed. In the cases where the Participant/Provider submits the Secondary Review request, DHCS will upload it to MedCompass.

Slide #38: Title: Important Links

Text: (List of hyperlinks)

1. [*DHCS 2279: Waiver Personal Care Services \(WPCS\) Workweek Overtime Exemption Request Form*](#)
2. [*DHCS 2280: Waiver Personal Care Services \(WPCS\) Workweek Overtime Exemption Secondary Review Request Form*](#)
3. [*Policy Letter No. 22-001: Waiver Personal Care Services \(WPCS\) Workweek Overtime Exemption Request and Secondary Review Process*](#)

Audio: Here are links to the Overtime Exemption Form, the Overtime Exemption Secondary Review Request Form, and the Policy Letter, for your convenience.

Slide #39: Title: Questions?

Text: Call the WPCS Hotline (916) 552-9214 or send an email to CareManagement@dhcs.ca.gov

Audio: Thank you for taking the time to review this training. Please use these resources if you have questions or need further clarification on this process. You can call the WPCS Hotline (916) 552 -9214 or email CareManagement@dhcs.ca.gov.