

WAIVER PERSONAL CARE SERVICES

FREQUENTLY ASKED QUESTIONS

Department of Health Care Services In-Home Operations Branch

Overview

WPCS Definition

Waiver Personal Care Services (WPCS) are services authorized by the Department of Health Care Services (DHCS), In-Home Operations (IHO) Branch, for participants enrolled in either the Home- and Community-Based Services (HCBS), In-Home Operations (IHO) Waiver or the Nursing Facility/Acute Hospital (NF/AH) Waiver.

These services are both supportive and health related. They substitute for the absence, loss, or impairment of a physical or cognitive function.

Personal Care Services under the IHO or NF/AH Waiver will add to care provided by the State Plan Personal Care Services Program (PCSP), In-Home Supportive Services (IHSS) Program, administered through the California Department of Social Services (CDSS).

In this document

The table below identifies the topics covered in this document and the corresponding page number(s).

Topic	See Page
Overview	1
Eligibility	1
Authorization and Hours	2
Providers	3
Requirements	4 - 6
Timesheets	6 - 8
Contact Options	9

Eligibility

Who is eligible to receive WPCS?

WPCS is available to eligible Medi-Cal participants enrolled in the HCBS IHO and NF/AH Waivers.

As part of the eligibility for WPCS:

- The participant must be receiving PCSP services through IHSS; **and**,
 - The participant's physician must sign a consent form stating that Personal Care Services are appropriate.
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Authorization and Hours

Who authorizes the WPCS hours?

The IHO Nurse Evaluator.

Each HCBS Waiver participant is assigned to an IHO Nurse Evaluator. The Nurse Evaluator is a Registered Nurse (R.N.) who evaluates the participant every Six months to a year, and as needed for:

- continued eligibility for the waiver;
 - safety of the home program; and,
 - determination that the participant is receiving the authorized hours.
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Who decides how many hours the participant should receive?

The participant's IHO Nurse Evaluator will inform him/her of the maximum number of **IHO WPCS** hours he/she can receive based upon:

- the participant's waiver;
- how many other waiver services the participant wants; and,
- how many other state plan services the participant is currently authorized to receive.

A participant will **NOT** be authorized to receive more than 24 hours per day of direct care and/or protective supervision services regardless of funding source.

How many hours can the WPCS provider(s) work?

The total number of hours worked by all WPCS providers cannot exceed the monthly number of WPCS hours authorized by the IHO Nurse Evaluator, regardless of how many providers the participant has. If over 50% of the authorized hours are claimed in the first half of the month (first work period), the participant will be notified and provider payment will be delayed or returned.

If the participant is authorized to receive more than 360 hours per month of WPCS and IHSS combined, there **must** be more than one provider. No single provider will be paid for more than 12 hours per day of combined WPCS and IHSS.

IHO does not pay overtime.

The total number of authorized hours can be divided between your registered providers, as long as the **combined number of hours worked by all providers** is within the authorized amount.

What about 31 days?

The total authorized hours are based on a 30-day month. The provider(s) cannot work over the total number of authorized hours even in the months with 31 days. The participant is responsible for adjusting the hours worked daily accordingly.

What happens to unused hours?

Unused hours **CANNOT** be carried over from work period to work period. Any hours not used during the work period are lost.

Providers

Who can provide WPCS?

A WPCS Provider may be any adult other than:

- the parent of a minor participant (under age 18); or,
- the spouse of a participant.

The participant may choose his/her own WPCS Provider(s). The provider(s) he/she chooses must meet the IHSS Provider requirements and must be enrolled as an IHO WPCS Provider.

Can the IHSS worker be the WPCS Provider?

Yes, but the hours are authorized separately. The provider will receive two Time Reports:

- one from IHO for WPCS hours; and,
- one from the county for IHSS hours.

Note: Any one provider may not receive payment for more than 12 hours per day of combined WPCS and IHSS.

What if the WPCS Provider is already enrolled with IHSS for another participant?

The provider must enroll separately with IHSS for each participant for whom he/she is providing care.

Note: Any one provider may not receive payment for more than 12 hours per day of combined WPCS and IHSS, even if he/she provides care for more than one participant.

What if the participant is not happy with the WPCS Provider?

The participant has the right to be treated with dignity and respect. If the participant and/or family is/are not satisfied with the care provided (e.g., the provider is always late, or is rude), the participant and/or the family should speak to the provider.

As the employer, the participant will need to decide if he/she wants to find someone else to provide his/her in-home care.

If the participant receives WPCS through a home health agency, he/she has the option of changing agencies.

Requirements

- How does an individual enroll as a WPCS Provider?** To enroll an individual as a WPCS Provider, the **participant** must do the following:
1. Contact his/her county IHSS caseworker and request an IHSS Provider Packet:
 - a. complete the participant information in the IHSS Provider Packet, including the PCSP Provider Enrollment Form (SOC 426);
 - b. have the individual complete his/her portion of the PCSP Provider Enrollment Form (SOC 426); and,
 - c. return all required documents to the county IHSS office and complete all other requirements for IHSS enrollment.
 2. Contact his/her assigned IHO Nurse Evaluator to request a WPCS Provider Packet:
 - a. have the individual complete, sign, and date the Waiver Service Provider Agreement Form (***Enclosure 3***); and,
 - b. return the completed WPCS Provider Packet and all additional required documents (see below) to the assigned IHO Nurse Evaluator.
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- What must IHO receive before any WPCS Provider(s) can begin working?** IHO must receive the following documents **before** any WPCS Provider(s) begin working:
- *Form(s) included in the WPCS Provider Packet:*
 1. Waiver Service Provider Agreement Form (***Enclosure 3***), signed by the provider;
 - *Form(s) included in the WPCS Request Packet:*
 2. Participant/Physician signed Request/Consent for Personal Care Services Form (***Enclosure 1***); stating that personal care services are appropriate; and,
 3. Signed Plan of Treatment (***Enclosure 5A***).
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Adding or terminating providers

Provide the names and start and termination dates of any providers added or terminated by mail.

Can I send required documents To IHO by FAX?

No. All required documents should be **mailed together as a packet and returned** to the attention of the IHO Nurse Evaluator.

This will avoid individual documents getting separated and lost.

Requirements, *continued*

Plan of Treatment (POT)

The Plan of Treatment (POT) is the order for services from the physician. The Waiver Case Management Provider (see next section) and the participant will jointly complete the POT. The POT must address all of the participant's care needs.

The POT must include **ALL** of the following:

- the number of personal care service hours authorized by IHSS;
- the name of the waiver the participant is receiving services through;
- the number of monthly WPCS hours to be authorized by IHO;
- the number of monthly Case Management hours;
- all other services – waiver and non-waiver – the participant is receiving, and who provides them; and,
- signatures by the participant or legal representative, all of the providers, and the primary care physician.

IHO will modify, reduce, deny, or terminate *IHO Waiver* services to the waiver participant if the participant has not submitted a current physician-signed POT to IHO within 90 days of IHO's initial assessment of the participant or within 60 days of the end-date of the previous POT.

Waiver Case Management Provider

The participant may choose case management to ensure that he/she remains safely cared for by an unlicensed caregiver.

Case management may be provided by a:

- Home Health Agency (HHA),
- Individual Nurse Provider (INP),
- Non-Profit Organization, or
- Professional Corporation

The participant's assigned IHO Nurse Evaluator will provide a list of providers by county, upon request.

The Waiver Case Management Provider is required to submit the following documents to IHO:

- Adult Assessment and Evaluation Form;
 - Home Safety Evaluation Form;
 - Plan of Treatment (signed by the participant or legal representative, caregivers, physician, and all other providers); and,
 - Additional medical documentation, as requested.
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Requirements, *continued*

- Summary of Requirements** The **participant** must:
1. contact his/her county IHSS caseworker to enroll the provider;
 2. contact his/her assigned IHO Nurse Evaluator;
 3. find a provider to provide monthly waiver case management; and,
 4. send the following documents to IHO as a packet:
 - a. Signed Waiver Service Provider Agreement Form; (**Enclosure 3**)
 - b. Participant/Physician signed Request/Consent for Personal Care Services Form

The **WPCS Provider** must:

1. register with IHSS as a caregiver for the participant; and,
2. return the following document to the participant to send to IHO:
 - a. Signed Waiver Service Provider Agreement Form (**Enclosure 3**).

IHSS provider eligibility must be established prior to sending WPCS Provider documents for completion.

IHO must receive the following documents;

1. Adult Assessment and Evaluation Form;
2. Home Safety Evaluation Form;
3. Plan of Treatment (signed by the participant or legal representative, caregivers, physician, and all other providers); and,
4. Additional medical documentation, as requested.

Timesheets

- When will the WPCS Provider receive his her first timesheet?** Once the IHO Nurse Evaluator receives all required documents, IHO will mail the timesheets for all work periods beginning from the provider's start of service. Timesheets are mailed to the WPCS provider.
- If the provider starts service in the middle of the month, the provider will receive a timesheet for the remaining dates in that month. **Payment will not be retroactive to the beginning of the month.**
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Timesheets, continued

When are the WPCS Timesheets mailed? After the initial timesheet is processed, the next period's timesheet will be attached and mailed with the provider's paycheck.
Note: If zero hours are claimed in a work period, a paycheck will not be issued for the provider. Therefore, the next period's timesheet will not be mailed. The provider must call the WPCS hotline at (916) 552-9214 to request a timesheet for that period.

Where are the WPCS Timesheets mailed? Each new timesheet is mailed to the provider's mailing address. The timesheet will be attached to the provider's paycheck.

Who is responsible for monitoring the WPCS and IHSS hours? The participant or legal representative is responsible for certifying that the information contained on the timesheet is true, accurate, and complete.
After verifying the daily totals and grand totals, the participant or legal representative must sign the back of the timesheet, along with the provider's signature.

When can the WPCS Timesheet be mailed? The timesheet must be mailed to TPF promptly at the end of each work period. Timesheets mailed prior to the end of the work period printed on the timesheet, will be returned to the provider.

Before mailing in the timesheet, it **must** include:

- the daily hours and minutes and grand total of WPCS hours worked; and,
- the original signatures of the participant and provider

If the participant is not able to sign the timesheet at the end of the work period, the participant's legal representative may do so. IHO must have a record of the legal representative.

Timesheets, continued

Can the WPCS Timesheet be mailed early?

The timesheet may be completed and mailed before the end of the work period **only if:**

- the participant dies, in which case the legal representative may complete and mail in the WPCS Time Report.
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Where should WPCS Timesheets be mailed?

Timesheets are to be mailed to the IHSS Timesheet Processing Facility (TPF)

**IHSS Timesheet Processing Facility
P.O. Box 2380
Chico, California 95927-2380**

The mailing address is printed on the back page of the timesheet. The timesheet will also include a return envelope with the TPF address on it.

Note: Although it is a WPCS Timesheet, it will be mailed and processed at the IHSS Timesheet Processing Facility.

How often is a WPCS Provider paid?

A WPCS Provider is paid twice a month. The paycheck is mailed to the provider.

How long does it take to receive a paycheck?

It will take approximately 10 business days after TPF receives the timesheet.

Provider payment will be delayed if the grand or daily total number of hours claimed on the timesheet exceeds what is authorized, or if timesheet is incomplete or altered in any way.

If it has been **more than 10 business days** and you are an active WPCS Provider who still has not received a paycheck, please call the WPCS Hotline at (916) 552-9214, and listen carefully to the instructions.

Contact Options

Whom should the participant call if not happy with one of the WPCS Providers? If participant and/or family is not satisfied with the care provided, this can be discussed with the provider. Other contact options may include:

- your assigned IHO Nurse Evaluator;
- your primary care physician;
- Adult or Child Protective Services, IHSS Social Worker;
- the police; or
- case manager if applicable.

Whom to contact with questions

For questions about:	Contact:
<ul style="list-style-type: none"> • Available or authorized WPCS hours • Enrollment of providers • Changing waiver services 	The participant's assigned IHO Nurse Evaluator
<ul style="list-style-type: none"> • WPCS Payroll/Timesheets 	(916) 552-9214 ~ WPCS Hotline
<ul style="list-style-type: none"> • IHSS Payroll or Process • Tax information • Benefits 	County IHSS Case Worker
<ul style="list-style-type: none"> • Direct Deposit 	(866) 376-7066
