

**WAIVER PERSONAL CARE SERVICES PROGRAM (WPCS)
NOTICE TO RECIPIENT
DENIAL OF OVERTIME EXEMPTION REQUEST**

Notice Date:

Department of Health Care Services
Integrated Systems of Care Division
P.O. Box 997437, MS 4502
Sacramento, CA 95899-7437

Contact Number: (916) 552-9105

Dear

This notice is to inform you that the Department of Health Care Services (DHCS) which administers the Medi-Cal program, has denied your request for a Waiver Personal Care Services (WPCS) Overtime Exemption. This means your WPCS provider is not authorized to work more than the 66 hours per week limit for both WPCS and In-Home Supportive Services (IHSS) combined. The request for an Overtime Exemption was denied for the following reasons:

The form was incomplete. It did not include the following information:

Your Signature

Information showing that you meet the requirements to qualify your provider for an exemption

The Provider's Signature

Please resubmit the form with all of the requested information. DHCS will review and process the form once it receives the form with all required information and signatures.

Based on the information provided, the provider does not meet WPCS Overtime Exemption criteria set forth in Welfare and Institutions Code section 14132.99(d) because:

Other

If you have any questions or concerns about this notice, please contact the WPCS program at: (916) 552-9105.