

# WAIVER PERSONAL CARE SERVICES (WPCS) FREQUENTLY ASKED QUESTIONS

## Program Overview

Waiver Personal Care Services (WPCS) benefit was established by legislation in 1998<sup>1</sup>, and is designed to assist waiver participants with remaining safely in their residence and continuing to be part of the community, and includes the following services, as described in the Home and Community-Based Alternatives (HCBA) Waiver:

**Assistance to Independence in Activities of Daily Living (ADL):** Assisting the participant in reaching a self-care goal, the WPCS provider promotes the participant's ability in obtaining and reinforcing their highest level of independence in ADLs. The WPCS provider provides assistance and feedback to the participant in an effort to help them reach specific self-care goals in performing or directing their caregivers in an activity without assistance from others. Services provided by the WPCS provider are verbal cueing, monitoring for safety, reinforcement of the participant's attempt to complete self-directed activities, advising the primary caregiver of any problems that have occurred; providing information for updating the participant's plan of treatment (POT) and addressing any self-care activities with an anticipated goal completion date.

**Adult Companionship:** Adult companionship is for waiver participants who are isolated and/or may be homebound due to their medical condition. Adult companions must be at least 18 years of age and able to provide assistance to participants enrolled in the waiver. Waiver participants utilizing Adult Companionship must be at least 18 years old. Adult Companion services include non-medical care, supervision, and socialization provided to a waiver participant. To help maintain a waiver participant's psychological wellbeing, adult companions may assist waiver participants in accessing self-interest activities or accessing activities in the local community for socialization and recreational purposes, and/or providing or supporting an environment conducive to interactions.

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<sup>1</sup> Welfare & Institutions Code section 14132.97.

# WPCS ELIGIBILITY AND ENROLLMENT

## 1. Who is eligible to receive WPCS?

To qualify to receive WPCS services, an individual must meet all of the following criteria:

- be enrolled in the HCBA Waiver; and
- be receiving State Plan personal care services through In-Home Supportive Services (IHSS); and
- have a doctor's order that specifies that they require WPCS in order to remain safely in their own home. The WPCS must be described in the participant's current primary care physician-signed POT.

If an individual meets the criteria listed above and would like to enroll in the WPCS program, they can call the Department of Health Care Services (DHCS) Integrated Systems of Care Division (ISCD) at (916) 552-9214 to request assistance with adding WPCS to their Menu of Health Services.

## 2. Who is eligible to become a WPCS provider?

To qualify to become a WPCS provider, the individual:

- must first complete the IHSS provider enrollment process;
- must be at least 18 years of age.

While a prospective WPCS provider must complete the IHSS provider enrollment process, they are not required to be an active IHSS provider (claiming IHSS hours) for the WPCS participant.

If an individual meets all of the WPCS provider requirements, they can call the ISCD WPCS Unit for more information at (916) 552-9214, Mon - Fri from 8:00 a.m. to 5:00 p.m.

## 3. Can an IHSS provider also be a WPCS provider?

Yes. An IHSS provider can also be a WPCS provider. For more information about this, please contact the ISCD WPCS Unit at (916) 552-9214.

## 4. What are alternate provider options?

In addition to individual providers, WPCS participants have an option to receive case management services through an approved agency provider. Case management services may be facilitated by one of the following:

- Waiver Agency
- Personal Care Agency (PCA)

- Home Health Agency (HHA)
- Individual Nurse Provider (INP)
- Professional Corporation
- Congregate Living Health Facility (CLHF)

For more information about approved agency providers, applicants, participants, or providers can visit [https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-\(HCB\)-Alternatives-Waiver.aspx](https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-(HCB)-Alternatives-Waiver.aspx)

## **5. What happens if a WPCS participant is admitted to a health care facility?**

WPCS providers may be paid while the participant is admitted to a health care facility for services provided outside the health care facility setting for a maximum of seven (7) days for each admission to a health care facility (or for the length of the admission to the health care facility, whichever period is shorter). This payment is necessary to retain the WPCS provider for the continuation of services and facilitate the waiver participant's transition back to their home environment. In order to receive WPCS benefits while admitted to a health care facility, the waiver participant must be enrolled and currently receiving State Plan Personal Care Services as authorized by WIC section 14132.95 and receiving WPCS benefits within the prior month of the admission into the care facility.

Each time the participant is admitted to a health care facility, the WPCS 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 hours they worked (e.g., 7:00 a.m. to 11:00 a.m. and 2:00 p.m. to 4:00 p.m.). While the participant is admitted to a health care facility the WPCS provider can provide:

1. Routine housekeeping in the participant's absence;
2. Collection of mail and other deliverables in the participant's absence and contacting or visiting the participant to assist in responding to mail;
3. Food shopping for the participant's return to home;
4. Assistance in obtaining medications and medical supplies for the participant's return home; and
5. Availability to accept delivery of durable medical equipment and supplies at the participant's home. WPCS providers will not be paid for care that duplicates the care that is required to be provided by the health care facility during the participant's admission. This type of care may include but is not limited to: bathing, feeding, ambulation, or direct observation of the waiver participant.

## **WPCS ELECTRONIC TIMESHEETS**

### **6. When do WPCS providers receive timesheets?**

After the provider has met the eligibility criteria for enrollment, the provider will be added to the WPCS payroll system. Initial timesheets will be issued electronically and will be

available in the online IHSS e-portal. Both the WPCS participant and provider must agree to use the Electronic Timesheet System (ETS).

Provider needs to register for the IHSS e-portal to receive e-timesheets at: <https://www.etimesheets.ihss.ca.gov/login>. Select the “New User Registration” link and follow the online prompts.

If assistance needed, please call the ETS Help Desk at (866) 376-7066.

## **7. When to submit timesheets for payment?**

The WPCS timesheet should be submitted by the provider after the end of each work period. Timesheets submitted prior to the end of the work period will be held. Please submit your timesheets as soon as possible after the workweek has completed. Do not hold timesheets for multiple workweeks without submitting them for payment as this could cause payment issues.

## **8. Where should WPCS timesheets be mailed?**

WPCS timesheets should be mailed by the provider to the appropriate address:

IHSS Timesheet Processing Facility  
**IHSS Timesheet Without Travel**  
PO Box 989740  
West Sacramento, CA 95798-9740

IHSS Timesheet Processing Facility  
**IHSS Travel Timesheet**  
PO Box 989780  
West Sacramento, CA 95798-9780

IHSS Timesheet Processing Facility  
**IHSS Large Font Timesheet**  
PO Box 2340  
West Sacramento, CA 95691-2340

## **9. What other methods are available for submitting timesheets?**

Telephone Timesheet System is an option. You can use any type of phone to listen to prompts and approve or deny timesheets. Call Help Desk at (866) 376-7066 or your IHSS Social Worker to enroll in the Telephone Timesheet System. The Telephone Timesheet System (TTS) number to approve timesheets is (833) DIAL-EVV or (833) 342-5388.

## WPCS AUTHORIZATION AND ASSESSMENT OF HOURS

### 10. Who authorizes WPCS hours for the participant?

Each waiver participant is assigned to either a DHCS or Waiver Agency Registered Nurse (RN) depending on what county the recipient resides in. The assigned nurse (or case manager) will evaluate the waiver participant as needed to determine if WPCS is appropriate for their care needs. WPCS hours will be assessed and authorized based on medical necessity and the participants needs.

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

### 11. How many hours can a WPCS provider claim?

If a WPCS provider works for one participant, the maximum number of hours the provider can claim in one workweek is 70:45 hours of WPCS and IHSS combined.<sup>2</sup> If a WPCS provider works for 2 or more participants, the maximum number of hours they can claim in one workweek is 66 hours of WPCS and IHSS combined. There are exemptions to this rule. Exemption requirements are discussed on page 7 of this document. A WPCS provider can work up to a maximum of 12 hours per day for both WPCS and IHSS combined within their workweek limit.<sup>3</sup>

### 12. Who is responsible for monitoring and assigning hours?

WPCS participants (or their legal representatives) and their providers are responsible for ensuring the information reported on each timesheet is accurate, meets the criteria outlined above and does not exceed the maximum allowable hours in one workweek. The participant's weekly authorized hours equal their total monthly hours divided by 4. However, the hours must be spread over the whole month, which may have more than four weeks. Also, there are exceptions to the weekly limit; See "[Can a provider work more than the WPCS participant's weekly allowed hours?](#)"

### 13. What is a workweek?

A workweek begins at 12:00 a.m. on Sunday and ends at 11:59 p.m. the following Saturday.

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<sup>2</sup> Welfare & Institutions Code section 14132.99(d)(2), and HCBA Waiver, Appendix C, Personal Care Services Welfare & Institutions Code sections 12300.4(b)(2), and 14132.99.

<sup>3</sup> Welfare & Institutions Code sections 12300.4(b)(2), and 14132.99.

#### **14. Can a provider work more than the WPCS participant's weekly allowed hours?**

On occasion, it may be necessary for the participant's provider to work more than their maximum weekly hours. The participant may allow their provider to do that without requesting approval from their HCBA Nurse if the hours worked:

1. Do not result in the provider working more than 12 hours in a day;
2. Do not result in the provider working more than 40 hours in a workweek when the participant is authorized 40 hours or less in a workweek; or Do not result in the provider receiving more overtime hours than he/she normally works in a calendar month;
3. And do not result in the provider who works for multiple participants working more than the maximum weekly limit of 66 hours.

#### **15. How do I ask HCBA to approve an exception in my provider's allowed weekly hours when needed?**

If the participant needs their provider to work more than the authorized maximum weekly hours and the hours the provider works do not meet all the criteria mentioned previously, the participant (or their legal representative) must contact their HCBA Nurse to obtain an exception to allow their provider to work the additional overtime hours. The participant must inform the HCBA Nurse of the request to change as early as possible and prior to timesheet submission. The HCBA Nurse will review the request to determine if all the following conditions exist to support the request:

1. Is this an unexpected need?
2. Is the need immediate?
3. Can the need wait for a backup provider?
4. Is the recipient's health or safety in danger?

If the answer is yes to any conditions above, the HCBA will mail a notice to the participant and their provider to let them know if they approve the change. The participant and their provider will get this notice within 10 days of the request to approve the exception.

#### **16. What is the WPCS Back-Up Provider System (BUPS)?**

A WPCS Back-Up Care Provider is a provider that is found through the public authority or other means to provide care for when a normally scheduled provider is unable to make their shift as a result of an emergency.<sup>4</sup> In the circumstances of an unplanned emergency, a back-up provider can provide care in a place of your usual care provider. Please contact your assigned Waiver Agency to send in the BUPS request. The request

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<sup>4</sup> Welfare & Institutions Code section 12300.6.

should identify the care beneficiary, the WPCS BUPS provider, BUPS provider number, dates worked, the number of BUPS hours worked, the WPCS provider number, and the provider number for the care worker unable to work due to emergency.

## HOURLY AND OVERTIME PAY RATES

### 17. What is a WPCS provider’s hourly pay?

The WPCS provider hourly pay rate is the same as the County IHSS hourly pay rate. These rates may differ depending on the county the WPCS provider works in.

### 18. What is the overtime pay?

The overtime hourly pay rate is one and a half times the regular hourly pay rate.

### 19. What is considered overtime?

Overtime is paid any time the provider works over 40 hours in a workweek, regardless of how many Medi-Cal beneficiaries the provider serves. This total includes both IHSS and WPCS hours worked during the workweek.

## CONSEQUENCES FOR EXCEEDING WEEKLY TIME LIMIT

### 20. What happens if a provider goes over the weekly time limit?

If a timesheet has hours that exceed the provider's weekly limit, the provider will receive a violation. A notice will be mailed to the provider and each participant the provider is listed as active. The consequences for each violation are as follows:

Violation #	Violation Description
First Violation	A violation notice and dispute rights will be mailed to the WPCS provider. A copy of the violation notice will also be mailed to the WPCS participant.
Second Violation	A violation notice, dispute rights, and training packet will be mailed to the WPCS provider. A violation notice will also be mailed to the WPCS participant. The WPCS 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.
Third Violation	A violation notice and State Administrative Review rights information will be mailed to the WPCS provider and WPCS participant. The WPCS 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 WPCS provider and WPCS

	participant. The WPCS provider will be terminated from WPCS and IHSS for one year.
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**21. Can a WPCS provider dispute a violation?**

Yes. In order to dispute a violation, the WPCS provider must submit the dispute form within ten calendar days from the date listed on the first or second violation notice. You will receive a copy of the dispute form with a copy of your violation in the mail.

DHCS then has ten calendar days to review the violation and send a copy of the notice, with information regarding the outcome of the dispute review, to the WPCS provider and WPCS participant.

For third and fourth violations, the WPCS provider may request a State Administrative Review of the violation. The notice includes instructions on how the WPCS provider can request the review. Disputes and State Admin Reviews will not be handled over the phone. The provider must complete the appropriate documents that are included with the violation notice.

**22. Do violations remain on a WPCS provider’s record?**

Yes, violations remain on a WPCS provider’s record across calendar years. However, the number of violations a provider has will be reduced by one each year they do not receive another violation as an active provider.

**23. Can an individual re-enroll after being terminated for one year?**

Yes. The individual must complete the WPCS provider enrollment process again. This includes re-enrolling as an IHSS provider.

**WPCS OVERTIME EXEMPTIONS**

**24. Are there any exemptions to the workweek limits?**

There are exemptions that allow a WPCS provider to work up to a maximum of 12 hours per day or 360 hours per month of both WPCS and IHSS combined, but not to exceed the WPCS recipients total monthly authorized hours. There are two circumstances that qualify an individual for an exemption. Policy Letter (PL) 22-001 outlines the overtime exemption request process in detail. PL 22-001 can be found at:

<https://www.dhcs.ca.gov/services/ltc/Documents/HCSA-PL-22-001-Workweek-Exemption.pdf>.



## **25. How do I request an exemption?**

Overtime exemption requests must be submitted to participant's assigned Waiver Agency Care Management Team (CMT). The participant and/or provider must work with the Waiver Agency CMT to complete the form and obtain the necessary documentation supporting the need for an overtime exemption.

The Waiver Agency must submit a completed and signed Overtime Exemption Request Form (DHCS 2279) with any documentation supporting to DHCS. DHCS will review the request and grant an exemption to the workweek limits if all of the criteria are met. The Overtime Exemption Request Form (DHCS 2279) can be found at:

<https://www.dhcs.ca.gov/services/ltc/Documents/DHCS-2279-WPCS-OT-Exemption-Request.pdf>

A notice advising the provider that they have been approved or denied will be mailed to the participant and/or provider following the review of their request.

Overtime exemption forms and instructions are available online at:

<https://www.dhcs.ca.gov/services/ltc/Pages/Personal-Care-Services-Overtime.aspx>

## **26. Which exemption do I qualify for?**

### **Exemption 1: Waiver Participants Enrolled On or Before January 31, 2016**

For Waiver participants who were enrolled in the NF/AH Waiver or In Home Operations (IHO) Waiver on or before January 31, 2016, and whose functional and/or behavioral needs require that the IHSS and/or WPCS services be provided by a specific provider, an Exemption from the regular overtime rules will be approved if any one or more of the following is shown to be true:

- (i) The provider lives in the same home as the waiver participant, at least five days and nights per week on a regular basis even if the provider is not a family member.
- (ii) The provider currently provides care to the waiver participant at least eight hours per day and has done so for two or more years continuously.
- (iii) The waiver participant is unable to find an additional local caregiver who speaks the same language as the participant, resulting in the participant being unable to direct their own care.

### **Exemption 2: Waiver Participants Enrolled After January 31, 2016:**

For participants who were enrolled in the NF/AH or IHO Waivers after January 31, 2016, or were originally enrolled in the HCBA Waiver, which was effective January 1, 2017, an exemption from the regular overtime rules will be approved, on a case-by-case basis, if both (a) and (b) are present:

a. At least one of the following is shown to be true:

(1) The care provider lives in the same home as the waiver applicant or participant at least five days and nights per week on a regular basis. They do not have to be a family member; OR

(2) The care provider is now furnishing consistent care to the Waiver participant at least eight hours per day and has done so for two or more years, without a break; OR

(3) The waiver participant is unable to find an additional local caregiver who speaks the same language as the participant, resulting in the participant being unable to direct his or her own care; OR

(4) The provider provides WPCS for more than one Waiver participant; AND

b. DHCS agrees that there are no other possible care providers to assist with the Waiver participant's care. To meet this requirement, the participant and provider must provide documentation showing that they have attempted to find other providers.

## **27. What if I disagree with the Waiver Agency or DHCS's decision to deny my request?**

You and/or your Waiver Agency CMT may submit a WPCS Workweek Overtime Secondary Review Request (DHCS 2280) to DHCS. This complete and signed request must be submitted to DHCS within 30 calendar days of the Notice to Provider of Ineligibility for the WPCS Workweek Overtime Exemption that was received from the Waiver Agency or DHCS. The WPCS Workweek Overtime Secondary Review Request form can be found at: <https://www.dhcs.ca.gov/services/ltc/Documents/DHCS-2280-WPCS-Secondary-OT-Exemption-Request.pdf>.

## **TRAVEL TIME**

### **28. What is travel time?**

If a WPCS provider works for more than one participant for either WPCS or IHSS, they can be paid up to seven hours per workweek for the time it takes them to travel directly from the location where they provided care for one participant to another location where they provide services for a different participant on the same day.

Travel time does not include the time it takes a WPCS provider to travel from their own home to the location where they provides services for a participant or back home after their work shift is completed. The time spent traveling between participants' locations

does not count toward the maximum weekly hours and is not deducted from the participant's monthly authorized hours.<sup>5</sup>

**29. How can I get paid for travel time?**

A WPCS Provider Workweek and Travel Time Agreement form is included in the WPCS Provider Packet that is mailed to individuals who request to become a new WPCS provider. The WPCS provider or WPCS participant can contact their local IHSS county office to request the WPCS Provider Workweek and Travel Agreement form.

If the WPCS provider qualifies for travel pay, a Travel Claim form will be issued to the WPCS provider along with their regular WPCS timesheet. The Travel Claim form is to be submitted with the WPCS timesheet.

**WPCS PROVIDER PAYMENTS**

**30. How often is a WPCS provider paid?**

There are two work periods each month. The first work period is from the 1st day of the month to the 15th of the month. The second work period is from the 16th of the month to the last day of the month. One payment will be issued for each work period a provider submits a timesheet for.

**CONTACT INFORMATION**

<b>For information about:</b>	<b>Contact:</b>
WPCS participant authorized hours Changing waiver services Adding a new care provider Case management	The WPCS participants assigned case manager at their respective Waiver Agency
WPCS Payroll	(916) 552-9214
IHSS Information	Local county IHSS office or visit <a href="http://www.cdss.ca.gov">www.cdss.ca.gov</a>
Direct Deposit Enrollment / Disenrollment	(866) 376-7066
Electronic Timesheet Service	(866) 376-7066

If you have additional questions, please call WPCS Payroll at 916-552-9214, Monday-Friday from 8:00 a.m. to 5:00 p.m.

<sup>5</sup> Welfare & Institutions Code section 12300.4(f).