



MEDICAL DOCUMENTATION FOR OVERTIME EXCEPTION REQUEST

The individual listed below is a Customer of the Home Services Program (HSP) and indicates he or she is under your medical care. The Customer is requesting an exception to the Individual Provider Overtime rules based on a Unique/Complex Needs exception (89 Ill Admin Code 686.1520). This exception exists when it is determined that the Customer's health and safety will be compromised by adding additional Individual Providers to his or her Service Plan (E.g., Personal Assistant, Certified Nurse Assistant, Licensed Practical Nurse, Registered Nurse). An Individual Provider assists the Customer in the home with activities of daily living such as meal preparation, cleaning, laundry, and personal care tasks that can include toileting, bathing, grooming and more. This form, along with accompanying medical documentation, should be completed and signed by a treating physician. Any unsigned or incomplete forms will be returned to the Customer.

Customer Name: _____
HSP Case Number: _____
HSP Local Office: _____
Physician Printed Name: _____
Physician Street Address: _____
Physician City/State/Zip Code: _____

Please indicate the last time the Customer was examined by you. Please provide, in detail, all recent and past information regarding the Customer's diagnoses, impairments, conditions, illnesses and/or injuries relevant to the overtime exception request. Please include supporting medical documentation with this form:

Please explain what unique or complex needs exist in regards to the Customer's medical condition that would necessitate limiting the number of Individual Providers who see to the Customer's needs:

By signing below, you (the Physician) acknowledge and certify that you are liable for the truth, accuracy, and completeness of all statements contained herein. Any false or fraudulent statements may result in exclusion from participation in federal health care programs, loss of license or disciplinary actions by state regulatory agencies and prosecution under applicable federal and state laws.

 Physician's Signature Date