



**PRE-APPROVAL REQUEST FOR OVERTIME EXCEPTION**

To request pre-approval for an exception of Individual Provider Overtime, the Home Services Program (HSP) Customer must complete and submit this form to the local HSP office where he or she is served. Incomplete forms will be returned to the Customer. Please note that medical or other required documentation must be attached. Use of Individual Provider Overtime under the requested exception should not begin until the Customer receives authorization from HSP. The Customer will receive written notification of a decision within 30 days of HSP's receipt of the completed form. Unauthorized overtime will result in an occurrence as defined under the HSP Individual Provider Overtime Policy with progressive consequences for the Individual Provider (IP).

Customer Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 HSP Case Number: \_\_\_\_\_  
 HSP Local Office: \_\_\_\_\_  
 Individual Provider Name: \_\_\_\_\_

**Overtime Exception Category:**

**Please choose ONE Exception Category and complete the Section for that category in full.**

Provider Capacity - HSP may approve up to 365 days or day of next reassessment, whichever is sooner.

- No qualified IP is within 45 miles of the Customer's service location to provide needed services.
- There is no CIL in the Customer's service area or;
- HSP Customer has contacted this Center for Independent Living (CIL) to find a qualified IP; we were unable to supply an IP to provide the needed services.

\_\_\_\_\_  
 CIL Staff Person Printed Name and Signature Date

Unique/Complex Needs - HSP may approve up to 365 days or day of next reassessment, whichever is sooner.

- Medical Documentation form is complete, attached, and signed by physician.
- Additional medical documentation submitted by the HSP Customer is attached.

Provider Unable to Work - HSP may approve up to 120 days.

- IP has quit, was unfunded, no longer meets qualifications, or has expired credentials.
- The back-up IP is unable to work.
- Homemaker agency in the Customer's service area is at capacity or otherwise not available.
- There is no CIL in the Customer's service area or;
- HSP Customer has contacted the CIL in his or her service area to identify additional IP's.

\_\_\_\_\_  
 CIL Staff Person Printed Name and Signature Date

