



REQUEST FOR OVERTIME EXCEPTION

Please complete this form to apply for an Overtime Exception. Overtime exceptions are required if your Individual Provider (IP) will work more than 60 hours in the work week. The work week is defined as Sunday 12:00 am to Saturday 11:59 pm. There are 3 pre-approval or 1 post-approval exceptions you may apply for. Please review the exceptions below to pick the one that best fits your needs. Additional overtime information can be found at www.DRS.Illinois.gov/HSP/OT.

Customer Name: _____ Case Number: _____

Customer Email Address: _____

Provider Name: _____ Local Office: _____

Overtime Exception Category:

Please choose one (1) Exception Category only. All information listed below the category must be completed.

Provider Capacity

- Choose this if: one or more of your IP's can no longer work, is unfunded, no longer meets qualifications, has expired credentials and/or there is no other provider within 45 miles willing and able to provide services to you. A representative for the Center of Independent Living (CIL) in your area must verify that they were not able to find a provider to assist you.
- This exception must be applied for in advance or within 2 weeks after your IP has exceeded 60 hours in a work week.
- If approved, this exception is valid for (one) 1 year from approval. After one year, this exception will automatically renew for successive one-year periods unless and until HSP determines not to renew the exception.
- Additional information must be provided on the next page.

 CIL Staff Person Printed Name and Signature Date

Unique/Complex Needs

- Choose this if: your health and safety would be at risk by adding additional IPs to your Service Plan.
- Medical documentation from your doctor(s) must be submitted with this form for HSP to make a determination on this exception.
- This exception must be applied for in advance.
- If approved, this exception is valid for (one) 1 year from approval. After one year, this exception will automatically renew for successive one-year periods unless and until HSP determines not to renew the exception.
- Additional information must be provided on the next page.

Out-of-Town

- Choose this if: you require care to ensure your own health and safety while out-of-town and you are not able to take additional IPs.
- Per 89 IAC 684.60(c), if out of your home, your services are limited to Personal Care only.
- This exception can be used for 14 days per calendar year and must be applied for in advance.
- Additional information must be provided on the next page.
- Dates of out-of-town stay Begin Date: End Date:
(mm/dd/yyyy) (mm/dd/yyyy)

Emergency Need

- Choose this if: you had an urgent need for care and your IP had to work over 60 hours in a work week to avoid risking your health and safety. An example would include unexpected illness of an IP.
- This exception may be used four (4) times per calendar year for up to 10 hours per pay period. This exception must be applied for within two (2) weeks after your IP has exceeded 60 hours in a work week.
- Additional information must be provided on the next page.

I have used this exception _____ times within the current calendar year.

I selected the Emergency Need exception and used _____ hours of Overtime per work week.



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I anticipate the need for _____ hours of overtime per work week.

Please provide details that support the Exception Category you have chosen. Without sufficient details, including why the exception is needed, your request can not be processed.

If you have submitted an exception to HSP and no decision has been made within thirty (30) days of acceptance by the HSP Policy Unit, your Individual Provider will be deemed conditionally approved to work the overtime hours until a determination is made.

HSP Customer Printed Name and Signature

Date

HSP OFFICE USE ONLY

Date Received: _____
Date in WebCM: _____
CO Staff Initials: _____

This form can be faxed, emailed, or mailed through USPS:

Fax: 217-557-0142
Email: DHS.HSPOvertime@Illinois.gov

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