

Homecare Worker (HCW) Hourly Cap Notice Guide

Updated: March 26, 2026

When a HCW hourly cap exception is either approved or denied a decision notice must be sent to the Medicaid eligible individual.

The notice used for hourly cap decisions is on the exceptions page and part of the Service Plan and Notice (SPAN) 2780 form.

HCWs also must receive a new Homecare Worker Notice of Authorized Hours and Services (4105) form when the hourly cap exception is approved informing them of their new hours, when the hours begin and end.

Why is this important?

For an approval, the notice to the individual and the HCW informs them of:

- The maximum authorized hours per pay period.
- When the approval starts and ends.

For a denial, the notice to the individual provides the denial language with the relevant OARs and includes their hearings rights.

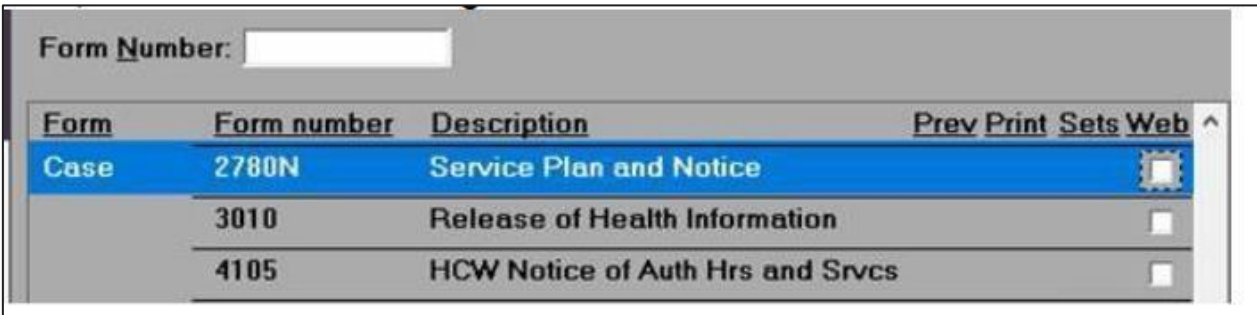
Case managers should be aware that:

- Hours worked over a HCW's normal weekly cap, hours worked over the approved exception to their weekly cap, and/or hours worked outside of the approved period on the notices should not be authorized.

- Most overtime must be prior authorized by Central Office before the hours are worked unless there is an emergent need.

How to complete a SPAN for a HCW cap decision

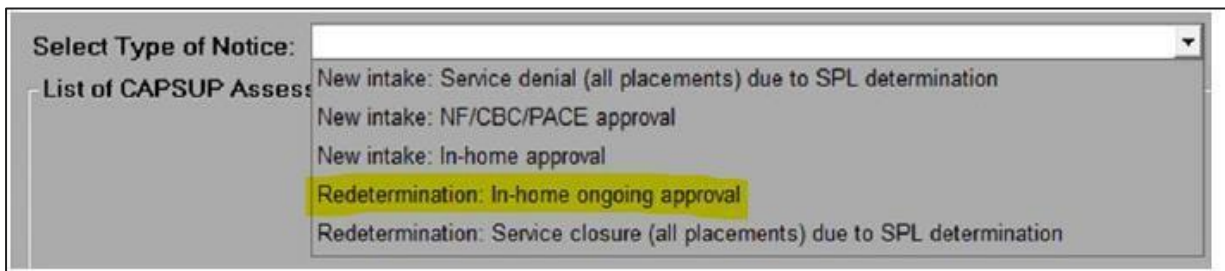
1. Select form number 2780 from the Oregon ACCESS print options:



The screenshot shows a web interface with a 'Form Number:' input field and a table of print options. The table has columns: Form, Form number, Description, Prev, Print, Sets, and Web. The first row is highlighted in blue.

Form	Form number	Description	Prev	Print	Sets	Web
Case	2780N	Service Plan and Notice				☒
	3010	Release of Health Information				☐
	4105	HCW Notice of Auth Hrs and Svcs				☐

2. From the "Select Type of Notice" drop down menu choose the option "Redetermination: In-home ongoing approval".



The screenshot shows a dropdown menu titled 'Select Type of Notice:'. The menu is open, displaying a list of options. The option 'Redetermination: In-home ongoing approval' is highlighted in yellow.

Select Type of Notice:

- New intake: Service denial (all placements) due to SPL determination
- New intake: NF/CBC/PACE approval
- New intake: In-home approval
- Redetermination: In-home ongoing approval
- Redetermination: Service closure (all placements) due to SPL determination

3. Select the current service plan the approval is connected to and press "OK". Wait for the SPAN to populate. This may take a moment.

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Select Assessments and Hours

Select Type of Notice: **Redetermination: In-home ongoing approval**

List of CAPSUP Assessments for [REDACTED]

Current Assessment:

Type	Status	Assmt.Date	Create Date	End Date	Worker
Title XIX	Completed	08/09/2021	08/09/2021	08/31/2022	[REDACTED]
		08/12/2020	08/12/2020	08/31/2021	[REDACTED]

Benefit Type	Begin Date	End Date	Status
APD-In Home	09/12/2021	09/10/2022	Approved

Hours No	Begin Date	End Date	Status
1	09/12/2021	09/10/2022	Approved

4. Once the SPAN populates you will find the exceptions page of the SPAN near the end. It's the last page before the SPA (often around page 12).
5. To complete this section, you will do the following (review image below):
 - a. Select the circle at the top of the page next to "Print" labeled "Exception decision only".
 - b. Check the box stating, "You have requested an exception to the hourly cap for one or more HCW(s)". Doing so expands this part of the SPAN.
 - c. Enter the relevant HCW information, if they are approved or denied, the hours approved per week, and the effective begin and end dates of the approval.
 - i. Note: If you choose "Denied" from the decision drop down option, the "Explanation of denial(s)" free text box will appear.
 - ii. Enter the denial language provided by Central Office in the "Explanation of denial(s)" free text box.

iii. Note: The box expands when the notice is printed to allow all the content to be readable. When being filled out it will display a scrollbar.

d. Under the “Exceptional service hours decision” section select the circle stating, “This does not apply as you have not requested an exception, or you are not receiving in-home services.”

i. Note: If you are completing a full SPAN and the individual has requested exception hours you would select the second option. When only a decision notice related to a HCW cap exception is needed, the first option should be selected.

e. Select “Print”. This will print just this page along with the hearing notice pages that accompany the SPAN. If, when you attempt to print the document, the entire SPAN is being printed go back to step “a” above.

Save Print Reset

Print: ☐ Entire notice ☒ Exception decision only

Print

Exception to the Homecare Worker cap

Exception decision for [REDACTED] 03/10/2022

Per OAR 411-030-0070(6)(a) and (b), homecare workers (HCWs) may not work above their weekly hourly cap (*most HCWs may not work more than 40 hours per week*). An exception to this rule may be requested per OAR 411-030-0072(2) if you feel that you qualify for it. You must meet at least one of the criteria for an exception, outlined in OAR 411-030-0072(5).

☒ You have requested an exception for the hourly cap for one or more HCW(s).

HCW name	Exception decision	Hourly cap	Effective date	End date*
Homecare Worker 1	Approved	50	03/13/2022	05/21/2022
Homecare Worker 2	Denied			

*Per OAR 411-030-0072(5)(b), the exception is valid for the time period indicated in this notice, or until an additional provider is hired, whichever comes first.

Explanation of denial(s):

Your request for an exception to the hourly cap for Homecare Worker 2 is denied because the HCW works for others and is responsible for not exceeding their weekly

Exceptional service hours decision

Case manager: "Max hours" and "Total hours approved" auto-fill from the assessment.

☒ This does not apply as you have not requested an exception or you are not receiving in-home services.

☐ You have requested an exception to the maximum allowed hours.

Sending the HCW a 4105:

1. Select form number 4105 from the Oregon ACCESS print options.
2. Once the form populates, be sure to fill out the demographic box completely and check the boxes indicated below, at a minimum (review image below). This will inform the HCW of the total hours they are now authorized to work per pay period along with the effective date and when

Homecare Worker (HCW) Hourly Cap Notice Guide

their hours will reduce back down.

Print	Save as	Reset
Homecare Worker Notice of Authorized Hours and Services		 DHS Oregon Department of Human Services AGING & PEOPLE WITH DISABILITIES
The action(s) listed below will be taken. If you have questions please call the local office. This notice must be provided to the homecare worker on or before the date of the action.		
Homecare Worker: 1 123 Easy St. Salem, Or 97302		Date: 03/10/2022 Consumer-employer: Ions Excep T Program: APD Case manager: Vadar Darth A Contact number: 503-333-4403 0303
☐	On _____ you are authorized to begin working _____ hours per pay period. Please ask your consumer-employer for a copy of the task list for detailed information about the tasks to be completed. (Use to authorize a full pay period.)	
☐	For pay period _____ to _____ you are authorized to work _____ hours (Use to authorize a pro-rated pay period.)	
☒	On 5/22/22 your hours for the above consumer-employer will be reduced to 80 hours per pay period.	
☒	On 3/13/22 your hours for the above consumer-employer will be increased to 100 hours per pay period.	
☐	On _____ the services you provide to the above consumer-employer will be increased to include the following services: _____ Please ask your consumer-employer for a copy of the task list for detailed information about the tasks to be completed.	
☐	On _____ the services you provide to the above consumer-employer will be changed to exclude the following services: _____ Please ask your consumer-employer for a copy of the task list for detailed information about the tasks to be completed.	
Article 17(2) of the SEIU 503 Homecare Workers' Bargaining Agreement states: Written notice to		

3. Once complete the form can be mailed and/or emailed to the HCW.

Best practices/ considerations:

- HCW cap Exceptions are valid for a maximum of 90 days based on the approval from Central Office or until the hours can be filled by another provider, whichever comes first.

- If you anticipate an extension will be needed, set a tickler or calendar reminder at least two weeks before the current exception expires to follow up with the individual and make a new request if needed. This will help prevent a lapse in approval.
- Approvals are tied to the consumer-employer responsibilities. They are required to help develop the most cost-effective plan, which includes reducing the need for overtime when possible. It also includes making attempts to hire and train HCWs accordingly.
- If requesting an extension, be sure to include details about what efforts the individual has made in their attempts to try and find another HCW/agency. If this information has not been included in narration, include it on the 514i.
- Ongoing HCW cap approvals for one specific HCW identified as “the only one” who can meet their needs is not a sustainable plan. Individuals with high care needs must be able to rely on multiple HCWs to meet their needs. These individuals need a well-rounded plan to prevent reliance on one primary worker. Relying on one primary HCW can put the individual in a vulnerable situation should that worker become unavailable for any reason. It is one of the consumer-employer responsibilities to ensure all their workers are adequately trained to meet their needs. This training can be done in the individual’s home to ensure tasks are done the way the individual wants them done. Training is also available through the Oregon Home Care Commission. HCW cap and exception hours may be considered to allow time for this training when appropriate.

- Case managers who need assistance with service plan and/or HCW concerns can request a case staffing with Central Office by emailing apd.medicaidpolicy@odhsoha.oregon.gov and include "Service Case Staffing Request" in the subject line.
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Need this document in another format?

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact ODHS at apd.ltss@odhsoha.oregon.gov or at **503-945-5600** (voice/text). We accept all relay calls.



Aging and People with Disabilities

Medicaid Services and Supports

500 Summer St. NE, E-10

Salem, OR 97301-1076

503-945-5600

odhs.info@odhs.oregon.gov

www.oregon.gov/odhs