

INDEPENDENT PROVIDER OVERTIME POLICY

This policy establishes the parameters to authorize additional units of service for an Independent Provider under a home and community-based Medicaid waiver component, above sixty hours in a work week as outline in Ohio Administrative Code 5123:2-9-03.

The Superintendent shall establish, revise and keep current the procedures to be utilized in the implementation of this policy. The Superintendent/ designee shall ensure compliance with these procedures. All revisions and changes will be shared with the Board when made.

Superintendent Signature: _____

Carrie Beice

Date: _____

12/21/17

Implemented: 12/21/17

Board Approval: 12/21/17

Revised:

Reviewed:

Cross Reference: OAC 5123:2-2-01, OAC 5123-9-03, ORC 5160.31, Erie County Resolution of Complaints Policy and Procedures, Erie County Due Process for Medicaid Services Policy and Procedures, Request for Approval of Additional Provider Hours form.

ERIE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES INDEPENDENT PROVIDER OVERTIME PROCEDURE

I. PURPOSE

This procedure outlines the process to authorize additional units of service for an Independent Provider under a home and community-based Medicaid waiver component, above sixty hours in a work week as outlined in 5123:2-9-03, and establishes a process and the circumstances under which the limit may be exceeded.

II. DEFINITIONS

- A. An Independent Provider means a self-employed person who provides services for which he or she is certified in accordance with rule 5123:2-2-01 of the Administrative Code and does not employ, either directly or through contract, anyone else to provide the services.
- B. Overtime means hours worked more than forty in a work week.
- C. Overtime limit means sixty hours of work in a week which begins on Sunday at 12:00 a.m. and ends on Saturday at 11:59 p.m. of each week.

III. PROCESS

- A. Develop the Individual Planning Process
 - 1. The Provider, Individual, Service and Support Administrator, and all other applicable team members shall meet at least annually to develop an Individual Service Plan.
 - 2. The Independent Provider shall provide information on the number of persons for whom the Independent Provider provides any Medicaid-funded services as an Independent Provider anywhere in the state and the number of hours of services the Independent Provider provides in a work week for each such person.
 - 3. The team will discuss all known anticipated events and circumstances necessitating the Independent Provider to exceed the 60-hour service hour limit. Anticipated events or circumstances may include, but are not limited to:
 - a) Scheduled surgery;
 - b) Holidays or extended breaks from other services;
 - c) Identified Health and Safety risks;
 - d) Shortage of other available Providers.
 - 4. When an individual requests that an Independent Provider be authorized to routinely exceed the limit due to one of the anticipated events or circumstances, the Service and Support Administrator shall work with the individual and the individual's team to develop and implement a plan to eliminate the circumstances that necessitate the Independent Provider to exceed the limit. When there is a lack of providers available, the individual shall work with the Service and Support Administrator to identify additional certified providers.
 - 5. If the team decides that due to anticipated events, additional hours are warranted, the Service and Support Administrator will complete the form titled 'Request for Approval of Additional Provider Hours'. The Service and Support Administrator will send the identified form to their Manager of Service and Support Administrator for approval.

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- B. Emergency Situations
 - 1. When an emergency necessitates an Independent Provider to exceed the service hour limit, the provider will notify the Service and Support Administrator within 72 hours of the emergency necessitating additional hours. The team may need to convene to determine appropriate action regarding the level of service and support needed.
 - 2. The Service and Support Administrator will complete the form titled 'Request for Approval of Additional Provider Hours'. The Service and Support Administrator will send the identified form to their Manager of Service and Support Administrator for approval.
- C. The County Board shall notify Independent Providers at least thirty calendar days in advance of revising the written procedure.

IV. DUE PROCESS

- A. If the County Board receives a complaint from an individual regarding implementation of this rule, the Board shall follow the resolution of complaints policy.
- B. The Board shall respond to the individual within thirty calendar days and provide the Department of Developmental Disabilities (DODD) with a copy of the individual's complaint and the Board's response. DODD shall review the complaint and the response and take any actions it determines necessary.
- C. Individuals may also request a state hearing as outlined in 5160.31 if they feel they are being denied the choice of a provider who is qualified and willing to provide home and community-based services. Providers have no rights to appeal under this section.
- D. Individuals may also request a state hearing as outlined in 5160.31 for any challenge related to type, amount, level, scope or duration of services included in, or excluded from, an individual service plan. However, the Board's denial of authorization for an independent provider to exceed the limit established in 5123:2-9-03 does not necessarily result in a change in the level, scope or duration of services received by an individual.