Overtime rates available to eligible independent providers

Recently, the federal government extended rules for overtime pay to include jobs like direct care workers, personal care aides, certified nursing assistants, home health aides and other caregivers. These rules ensure that people working over 40 hours in a work week receive overtime pay.

Starting January 1, 2016, the Ohio Department of Developmental Disabilities (DODD) will make overtime payments to eligible independent providers billing over 40 hours, or 160 fifteen-minute units of service provided in a work week.

What does that mean for me?

If you are an independent provider and you work more than 40 hours in a work week, you may be able to get paid more for hours after 40.

What about 15 minute units of service?

To keep things simple, this document talks about overtime as "hours after 40", but the information also applies to units of service over 160, as 40 hours = 160 units of service.

What counts as a work week?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 a.m.						11:59 p.m.
A workweek is Sunday, 12 a.m. to Saturday, 11:59 p.m.						

When billing as an independent provider, the State of Ohio has defined a work week as Sunday, 12:00 a.m. to Saturday, 11:59 p.m.

Overtime rates are available to eligible independent providers who work more than 40 hours in a work week under a waiver program or as a private duty nurse through the Ohio Departments of Medicaid (ODM), of Aging (ODA), and of Developmental Disabilities (DODD).

Here's how it looks for Lucy

Lucy provides Homemaker/Personal Care (HPC) services to Tony, who is enrolled in the Individual Options Waiver.

Lucy works with Tony Monday through Friday, 3:00 p.m. to 9:00 p.m., for a total of 30 hours.

Lucy also provides Personal Care Aide (PCA) services to Calvin. Calvin is enrolled in the Ohio Home Care waiver.

This week, Lucy works with Calvin on Saturday from 7:00 a.m. to 7:00 p.m., or 12 hours.

Lucy's Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	3 to 9 p.m. HPC for Tony	3 to 9 p.m. HPC for Tony	3 to 9 p.m. HPC for Tony	3 to 9 p.m. HPC for Tony	3 to 9 p.m. HPC for Tony	7 a.m.-7 p.m. PCA w/Calvin

In this work week, Lucy worked a total of 42 hours.

Beginning January 1, 2016, Lucy and other independent providers will be able to submit claims for hours after 40 at a higher overtime rate.

How do I submit a claim with overtime hours?

What's the same?

1. You must maintain a schedule of actual hours worked each week that includes
   - the types of services provided,
   - and the name of the person you provided services to.
2. A separate claim must be submitted for each kind of service provided.
3. Submit claims for the first 40 hours of services you provided as usual.

What will change on January 1, 2016?

1. Separate claims must be submitted for hours after 40.
2. You must use new procedure codes (below) for hours after 40, to get the higher overtime rate.

How do I know which procedure code to use for hours over 40?

Use the code for the service you are providing at the time you go over 40 hours.

Procedure Codes for Claims After 40 Hours (Beginning January 1, 2016)	
Homemaker/Personal Care Services	
Individual Options Waiver	APV
Routine services under the Level One Waiver	FPV
Emergency services under the Level One Waiver	EPV
On-site/On-call Services	
Individual Options Waiver	AOV
Routine Services under the Level One Waiver	FOV
Emergency Services under the Level One Waiver	EOV
Community Inclusion	
SELF Waiver	SPV
Personal Care Aide or Waiver Nursing under the TDD Waiver	
Use the Modifier TU with procedure codes T1019, T1002, or T1003	

Lucy's Claims

Lucy provided two different kinds of services (HPC and PCA), so she will submit a separate claim for each.

She will also submit a separate claim for each type of service she provided for hours after 40. The procedure code she uses for those hours will depend on the service she was providing after 40 hours.

Using the schedule she keeps for herself, Lucy can see that the first 30 hours of her work week were spent providing HPC services to Tony.

Monday	Tuesday	Wednesday	Thursday	Friday
3 to 9 p.m. HPC for Tony	3 to 9 p.m. HPC for Tony	3 to 9 p.m. HPC for Tony	3 to 9 p.m. HPC for Tony	3 to 9 p.m. HPC for Tony

Lucy worked with Tony for 30 hours

Saturday
7 a.m.-7 p.m. PCA w/Calvin

On Saturday, Lucy provided 12 hours of PCA for Calvin.
By 5 p.m., Lucy had provided 40 hours of services in her work week.
For the remaining 2 hours she worked, Lucy was still providing PCA services to Calvin.

When submitting her claim for these hours after 40, Lucy will use the new procedure code for PCA services under the Ohio Home Care waiver, T1019/TU.

Lucy submits 3 separate reimbursement claims for services she provided.	
Lucy's claims for this workweek	Procedure Code
1. 30 hours Homemaker/Personal Care for Tony (IO Waiver)	APC
2. 10 hours of Personal Care Aid with Calvin (Ohio Home Care Waiver)	T1019
3. For 2 hours of Personal Care Aid with Calvin (Ohio Home Care Waiver), hours after 40	T1019/TU

How were these rates for overtime figured out?

Waiver rates are made up of several components including a wage component, employee-related expenses like payroll taxes, workers' compensation, health care, retirement, and paid time off, productivity and administration and training time.

Overtime rates will be calculated based on the wage component of the rate.

What's the rate of reimbursement for hours after 40 in a work week?

As with all waiver services, providers are reimbursed at either their usual and customary rate for the service, or the Medicaid maximum reimbursement rate established for the service in the Ohio Administrative Code (OAC), whichever is lower.

See page 10 for Medicaid maximum reimbursement rates for hours after 40.

What about rates with add-ons?

Rate modifications like the medical add-on, behavior add-on, or community-integration add-on are applied to the HPC rate after calculating the overtime rate.

For example, the total reimbursement rate of HPC with a behavior add-on for hours after 40 is $24.68.

Behavior rate add-on with overtime rates		
	Per hour	15 minute unit of service
HPC overtime rate	$22.16	$5.54
Behavior add-on rate	+ $2.52	+ $0.63
Total reimbursement rate	= $24.68	= $6.17

Please note, HPC rates may be different in different counties based on cost of doing business factors. The maximum Medicaid rates for each county are listed on DODD's website.

What if I provide services to multiple people during a single visit?

Beginning January 1, 2016 you will no longer be able to submit daily billing units calculated through the Daily Rate Application (DRA).

If you provided services to people enrolled in the Individual Options (IO) Waiver or the Level 1 Waiver in a group setting, you will

- submit claims in 15 minute units of service,
- and indicate the size of the group you worked with.

If you provided services to groups of 2 to 3 people enrolled in the Transitions Developmental Disabilities (TDD) Waiver, you will

- continue to use the HQ modifier when submitting claims in MITS.

For units of service after 160, you will

- add the appropriate modifier in MITS,
- along with either the group size or group modifier.

What if I forget to submit the new procedure code or modifier?

If you do not use the procedure code or modifier that indicates hours after 40, you will be reimbursed at the regular rate.

You can adjust the claim to receive the appropriate overtime payment. All adjustments to claims must be submitted in accordance with the timeframes specified in sections Ohio Adm. Code 5123:2-9-06 and 5160-1-19.

What if I accidentally submit an overtime code?

You must adjust the claim using the correct code and resubmit. Remember, you are responsible for the accuracy of your claims and the payments that you receive.

Is overtime authorized by the County Board of Developmental Disabilities (CBDD)?

The Service and Support Administrator (SSA) from the CBDD coordinates services and service providers based on a person-centered Individual Service Plan (ISP) that addresses what is important to and important for a person accessing services.

The amount of hours each will be provided is authorized by the CBDD, based on information in the ISP. Claims cannot include more hours of service than the number of hours authorized by the CBDD without working with the SSA to adjust the ISP.

For example

Carl receives 60 hours of each HPC services every week.

Usually, Meg works with Carl during the day, for 40 hours each week. Another provider works with Carl in the evening for the other 20 hours.

This week, Carl's evening provider couldn't be at work, so Meg provided 40 hours of HPC as usual and the other 20 hours of HPC.

Carl still received 60 hours of HPC as authorized by his CBDD. The cost of his services for the week will be higher than expected because of the higher overtime rate, but the hours of HPC services stayed within the amount authorized by Carl's CBDD.

Meg submits 2 separate reimbursement claims	
Meg's claims for this workweek	Procedure Code
1. 40 hours Homemaker/Personal Care with Carl (IO Waiver)	APC
2. 20 hours of HPC with Carl, after 40 hours	APV

What if the hours of service I provide goes over the number of hours authorized?

Take a look at Tonya's example.

Tonya provides 40 hours of PCA services each week to Myra.

Myra is authorized to receive 40 hours of Personal Care Aide each week.

This work week, Tonya provided 44 hours of PCA services to Myra.

Tonya is thinking that she needs to submit 2 claims for the PCA services she provided,

- one for 40 hours of PCA services,
- and one for an additional 4 hours of PCA with the TU modifier.

Unfortunately, Myra is only authorized for 40 hours of PCA, so a claim for additional PCA service provided, would be rejected.

Tonya could also put herself at risk for sanctions by submitting claims for services not authorized in the ISP and would need to pay back the money she received for services that were not authorized.

Will services be reduced if overtime claims are paid?

No, services will not be reduced as a result of overtime payments. At this time, overtime payments WILL NOT count as part of the funding range of the Ohio Developmental Disabilities Profile (ODDP) or caps on the Level 1 or SELF waivers.

DODD recognizes that overtime will sometimes be necessary, such as in emergency situations or when no other provider is available to serve someone.

In the future, overtime hours worked by a provider on behalf of a single individual will count against that individual's ODDP range or waiver cap.

People receiving services should discuss ways to begin reducing the number of routine overtime hours with their SSA to avoid a future reduction in services.

That may include recruiting additional providers or exploring emergency response systems or remote monitoring programs.

How will overtime claims be monitored?

DODD will run reports periodically to track overtime payments and will monitor the financial impact of overtime hours. Anyone who submits a claim for overtime hours that did not provide more than 40 hours of services will be subject to audits and/or investigation and will be required to repay any money received from submitting incorrect claims.

Who can I talk to if I still have questions?

The DODD Support Center is available at 800-617-6733.

Medicaid Maximum Reimbursement Rates for Hours After 40

		Homemaker/ Personal Care APV, FPV, EPV	On-site/On-Call AOV, FOV, EOV
CODB Category	Staffing Ratio	Maximum Overtime Rate	Maximum Overtime Rate
1	1:1	$5.54	$3.05
2	1:1	$5.59	$3.08
3	1:1	$5.65	$3.11
4	1:1	$5.71	$3.14
5	1:1	$5.76	$3.17
6	1:1	$5.82	$3.20
7	1:1	$5.88	$3.23
8	1:1	$5.94	$3.27

Community Inclusion – Personal Assistance (SPV)	
Maximum negotiated hourly rate	$17.76

Rates with TU Modifier for MITS Claims		
Service	Base Rate	15 Minute Service Unit Rate
Personal Care Aide	$22.46	$3.95
Waiver Nursing- LPN	$40.89	$7.88
Waiver Nursing- RN	$50.43	$9.92