

HOURLY CAP AND OVERTIME UPDATE MANDATORY WEBINAR Q & A 10/13/16

Questions?	Answers
Your statement regarding one time occurrences of HCWs going over the cap-it was not clear, please elaborate.	<p>Not sure what the question is here. Central Office will be reviewing a monthly report to determine if HCWs have go over their weekly hour limitation. If they have gone over they will receive a warning letter. If they have gone over multiple times, their number may be terminated.</p> <p>CMs do not track if the HCW is working more than their weekly hour limitation. CMs will be notified by Central Office if warning letters or terminations are sent to HCWs.</p>
Is this training really necessary for OPI care coordinators? Our OPI HCWs never go over the time they are allotted and consumers in our region are receiving very limited hours. No consumer is getting more than 14 hours per month.	Yes, it is necessary as the OPI program and hours authorized are included in the overtime calculation across all programs.
How are CMs supposed to know the number of hours they are working for another agency?	<p>CMs do not need to investigate how many hours a provider may be working for ODDS or AMH (HSD) consumers.</p> <p>It is the HCWs responsibility to track and manage the total hours they are working.</p>
HCWs are calling wanting to know if they'll be paid for ongoing OT - meaning HCWs that are approved for the 50hr cap and Live-in HCWs. How will this be implemented?	<p>HCWs working more than 40 hours in a workweek will be paid 1.5 times their weighted hourly rate.</p> <p>This is automatically calculated in the system based on the hours reported and entered off the voucher.</p> <p>SOTI and SOTD show the overtime hours per work week and overtime claim detail respectively. (PT 16-090)</p>
When there is a live-in who is also hourly in your example, do we have to also consider sleep time hours that are interrupted? It	If a live-in HCW is providing hourly services as well all time billed is counted towards their weekly hour limitation.

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<p>seems that most claim extra minutes over their 16 hours per day.</p>	<p>It is not the CM’s responsibility to account for the sleep time variable. It is the HCWs responsibility. If they go over their cap they will first receive a warning and then escalate from there.</p>
<p>If we send in an exception for over the hourly cap, what is the timing for sending it in? Will we hear back after you have approved?</p>	<p>The timing for any exception is the same. It should be sent as early as possible prior to the effective date. Because the process is the same for weekly hour limitations case managers and supervisors will hear back once a decision is made.</p>
<p>If the over hours are an accident (HCW made an error figuring what their total was) rather than intentional, can we reduce the total hours to the maximum and give a warning, or do we have to send the voucher on?</p>	<p>In limited circumstances, if it is evident that a number was transposed incorrectly and clarification is needed on what was written, that may be corrected locally. Beyond that, when a HCW claims more hours than authorized, regardless of the reason, and it happens multiple times, it is considered “fiscal improprieties” which is grounds for the HCW’s provider number to be terminated. Regardless if it was intentional or accidental, the HCW and the consumer is responsible for the voucher to be accurate when it is submitted for payment. The following issues are why it is considered “fiscal improprieties”:</p> <ol style="list-style-type: none"> 1. They did not fill in their vouchers based on the actual time in / time out. 2. They have claimed more hours than were prior authorized. <p>Per feedback received by Central Office, having local offices send these warnings was not addressing the issue. As such, it is critical that only the approved hours be paid to the provider and then the</p>

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	remaining piece will be addressed by CO once received.
Do the letters to the HCW and Client go to EDMS?	The letters for the client should go into EDMS. There is currently no way to enter the track the provider information in EDMS.
What if the consumer already has an authorized rep at the third violation?	There are a couple of options. One would be to find a new representative. Or, another option is considering an in-home agency to provide the care rather than individual HCWs. However, we may not be able to support an in-home plan at a certain point.
Is a terminated HCW due to 3rd violation - are they eligible to reapply in the future?	There is nothing that is preventing them from applying again. However, a HCW that was previously terminated due to the 3 rd violation should not have their provider numbers reactivated.
If HCW's have questions beyond what CM's can answer, where can they be directed (regarding OT)?	DOL.Questions@state.or.us
How do we access the 40/50 HCW cap report?	Supervisors were emailed a PDF of the list.
HCW's on approved 50 hour list, will they be getting warning letters if working above 40 hours even though they're already on the list? Consumer has exception for 230 total hours, but HCW says she got a letter about being over 220 hours.	No. We will compare the report against the list of exceptions of approved providers. Only those providers who actually violated a cap will receive a warning letter.
What OAR should be cited when closing a case that refuses to get a rep or accept care from an IHCA?	The OAR to use is 411-030-0040(8). We will soon develop a sample decision notice to use as a template.
Will a live-in HCW have an hourly cap effective in June 2017 as well? Or, does that cap again, only apply to hourly workers?	The weekly hour limitation only applies to HCWs providing hourly services. If a live-in provider chooses to provide hourly care to a consumer, they are then subject to the cap.

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<p>If HCW claims more than their authorized hours on their voucher, before we send the voucher to the state, do we pay the voucher? If so, just the authorized amount?</p>	<p>Yes, this process has not changed. Keep in mind that HCWs should be reporting going over within two business days and case managers should be narrating.</p>
<p>Are the homecare workers notified how the overtime will be paid?</p>	<p>HCWs have been notified about the OT payment process.</p>
<p>If a HCW receives a violation how long is that violation valid for? Calendar year or forever?</p>	<p>This is currently TBD.</p>
<p>If a HCW is terminated are they terminated forever? Do they lose their provider number?</p>	<p>HCWs do lose their provider number, and if they are terminated – it is permanent.</p>
<p>Are we required to do a STEPS referral for every first hours cap violation? What about the second violation?</p>	<p>We should be doing a STEPS referral not for a weekly hour limitation violation (this would be the provider working more than 40/50 hrs) – but when a HCW claims more hours than authorized on a voucher – that is partially on the consumer (1. For scheduling the provider to go over and 2. For signing a voucher that put the provider over). The second violation does not require another referral to STEPS, but it is the FINAL warning the consumer will receive before an alternative will be required and for the provider, it is the final warning before they lose their provider number.</p>
<p>What happens if the provider works for more than one agency, such as MH, DD and APD that would be three different provider numbers? How do we track that?</p>	<p>Local offices are not expected to track how many hours a provider’s work in a week or how many hours a provider works across programs. Central office will do this action.</p>
<p>What about the plans that have multiple Providers? I have a plan with 7 HCWs. They trade shifts, or cover for each other when necessary. This is an exception plan through SPD Exceptions. If they don’t go over their Cap, but still go over authorized hours, do we still need to send it to Salem? For example a HCW has an hourly CAP of 40 hours. They</p>	<p>In this example, the HCW or the consumer/rep should be reporting those shift changes prior to any vouchers being submitted or paid if it results in the HCW going above their authorized hours. If this happens early enough, the voucher authorizations should be corrected and then</p>

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<p>are authorized 5 hours per week. If one of the other HCW's is sick, and they work 7 hours one week it is going to put them over by 2 hours, but still under their CAP and someone else under.</p>	<p>paid appropriately when the voucher comes in. This also requires the CM to narrate. However, if the HCW and/or the consumer/rep does not report this, and the voucher is submitted with more hours than authorized it is considered a violation. The CBA gives HCWs two days and that's all.</p>
<p>Are you going to consider it a violation if they claim the approved hours at the top, but they wrote more hours in the body of the voucher?</p>	<p>Yes, according to the CBA, we have to pay for all hours worked as per time-in and time-out reporting. If they are working more hours than are authorized, that is considered a violation.</p>
<p>Regarding the accidental error on the voucher, would an overpayment be done and if so, would that rescind the warning letter?</p>	<p>I think this answer would be very dependent on the situation. Generally speaking, I would say no – the warning would not be rescinded. The warning is intended to alert the provider to a mistake and to correct the mistake moving forward.</p>
<p>Can you clarify the distinction between the over cap and over authorized hours on the violation letters/warnings?</p>	<p>Over the cap is a letter that will go to the provider and case manager informing the provider that we know they worked more than the allowable hours for a specific work week.</p> <p>Over authorized hours is a letter that goes to the provider, consumer and case manager informing the provider they claimed more hours than were approved without reporting within two business days. It informs the consumer that they approved for a HCW to work more hours than were authorized and they validated that they allowed it to happen.</p>
<p>For HCWs terminated due to submitting vouchers over caps, can the reapply? If not, who will track?</p>	<p>They can reapply. Terminations are tracked locally, and when they attempt to reapply it will pop up in the queue for Provider</p>

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	Relations as someone that previously was terminated for violating the cap.
<p>If a consumer is pay-in by hour and their HCW is paid travel time and or overtime, what is our message to the consumer? I am guessing that we will not adjust their pay-ins each month based upon the HCWs wage when this occurs.</p>	<p>The consumer's pay-in is based on services they are receiving. Overtime is an enhanced rate for the provider, not a service so it would not impact the Estate claim. Travel time is not tied to a consumer</p>
<p>I did a CA/PS on 8/1/16 for a client whose condition changed following hospitalization. Because the client's needs were immediate, the service plan starts 8/1/16 and goes through 8/31/17. The service plan is for 190 hours and the HCW is capped at 40 hours, i.e. not on the list of grandfathered providers. Prior to the webinar, it was my understanding that the HCW could work the authorized hours until the client's reassessment in August 2017. In the webinar I thought I heard: 1) that a HCW's authorized hours can remain as is until their client(s) get reassessed and 2) that HCWs who work within authorized hours but over their cap will be in violation and get a letter and that 3) HCWs cannot have hours authorized over their cap beyond June 30, 2017 (which is prior to the re-assessment). Can you please clarify the procedure for operationalizing HCW OT in this scenario? For example, at what point should the HCWs authorized hours change? And, is it clear to HCWs that they can't exceed their cap even though the hours are authorized? ...The HCW and client called me together 9/15/16 to clarify whether the 40-hour cap would apply to the HCW's current</p>	<ol style="list-style-type: none"> 1. Correct, HCWs may continue working above their weekly hour limitation until their first consumer-employer is reassessed, or the provider starts working for a new consumer. In the example provided, the HCW is actually not yet impacted as the assessment was initiated prior to the Sept 1 implementation of the cap. 2. A HCW who works within their authorization, but over their weekly hour limitation will receive a letter. HCWs are prohibited from "front loading" or "back loading" hours in order to accrue overtime. However, if the consumer has not yet been reassessed the provider does not yet have a weekly hour limitation, and therefore would not be violating that cap. 3. According to the letter of agreement between the State and SEIU, all caps on HCWS are in place after June 30, 2017, regardless of a reassessment has occurred.

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assigned hours and I explained the adjustment to hours would take place at reassessment in August 2017 because that was my understanding at the time.	
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