**Mi Via COVID-19 Emergency Over 40 Hrs. Request Form**

**Homemaker/Direct Support Services**

**Form and timesheet must be submitted by twelve noon (12:00 pm) the Monday after the Pay Period ends.**

Per NMAC 8.314.6.11 (A), Individual employees may not provide more than 40 hours of services in a consecutive seven-day work week. This request is to allow, on a temporary emergency basis, an employee to be paid for Homemaker/Direct Support services over 40 hours but no more than 80 hours in a seven-day work week during the COVID-19 Public Health Emergency to ensure the health and safely of the participant. Please note that overtime hours will be paid at overtime rates. This form shall only be used for overtime hours. Regular time worked up to 40 hours shall still be entered and approved in FOCoS. Overtime hours shall be entered and requested by the EOR using the paper timesheet. A new form must be submitted with each overtime timesheet request.

**This Form Is Completed by EOR/Participant with the Consultant (Sections 1 through 3)**

**Section 1:**

Date of Request:      Pay period for Overtime:

Participant Name:      Name of EOR:

Approved Budget Period:

Consultant Agency Name:      Consultant Name:

Name of Employee who must work over 40 hours in a consecutive seven-day work week:

Name of person completing this form:

**Section 2:**

One or more employee(s) and/or participant’s family member [natural support] (select all that apply):

has been required to self-isolate due to testing positive for COVID-19;

has been required to quarantine due to a household member testing positive for COVID-19;

has been exposed to someone who has tested positive and needs to quarantine;

has been tested for COVID-19 and is awaiting test results;

has to care for a family member who has tested positive for COVID-19 or other COVID-19 related issue(s) and/or

Other COVID-19 reason related to NM Public Health Order. Please explain:

**Section 3:**

Is a Budget Revision Needed?

NO

YES (if yes, please complete section below.)

Please indicate type of budget revision (must comply with NMAC 8.314.6.17 (F):

Reallocation of Funds  Additional Funding Request

Please describe in detail the Addition or Reallocation of Funds for this emergency request:

**Section 4: Office Use Only**

Approved:  YES  NO Approval/Denial Date:

Approved By:

**How to Complete COVID-19 Emergency Over 40hrs. Request Form**

**Section 1**

1. Please include the date of your request as well as the:

* Pay Period for overtime;
* Participant Name;
* Approved Budget Period;
* Name of EOR;
* Consultant Agency Name;
* Consultant Name
* Name of the Employee who must work over 40 hours in a consecutive seven-day work week and
* Name of person completing form.

1. Please ensure this form is completed by the **EOR/Participant with the Consultant**
2. Use one form for each employee
3. A new form must be submitted with each overtime timesheet request.

**Section 2**

This request is to allow, on a **temporary emergency** basis, an employee to be paid for **Homemaker/Direct Support** services over 40 hours but no more than 80 hours in a seven-day work week during the COVID-19 Public Health Emergency to ensure the health and safety of the participant. In Section 2 please choose all that apply as to why the employee must work over forty (40) hours.

1. Overtime hours shall be entered and requested by the EOR using the paper timesheet.
2. Regular time worked up to 40 hours shall still be entered and approved in FOCoS.
3. Note: **Regular time** for Homemaker/Director Support services will follow EVV requirements effective 1/1/2021.

**Section 3**

Please note that overtime hours will be paid at overtime rates. Should the participant’s budget need to be revised or require additional funds per NMAC 8.314.6.17 (F), please indicate Yes as instructed below.

1. Do not leave blank. Please check off YES or NO.
2. If NO then you will proceed to Submittal Instructions below.
3. If YES proceed to the Submittal Instructions below and work with your Consultant to revise budget and submit revision to the TPA.
4. Please check off the type of budget revision.

**Section 4**

Shall be completed by HSD and/or DOH. HSD and/or DOH will notify the Consultant if the request has been approved so request can be entered into FOCoS.

**Submittal Instructions**

Please email this **form and the paper overtime timesheet** to HSD and DOH. Please indicate in the email Subject line: ***COVID-19 Overtime Request****.*

Lorie Pacheco, HSD: [**loriea.pacheco2@state.nm.us**](mailto:loriea.pacheco2@state.nm.us)

Melanie Buenviaje, HSD: [**melanie.buenviaje@state.nm.us**](mailto:melanie.buenviaje@state.nm.us)

Jennifer Rodriguez, DOH: [**jennifer.rodriguez@state.nm.us**](mailto:jennifer.rodriguez@state.nm.us)

The form and timesheet must be submitted by twelve noon (12:00 pm) the Monday after the Pay Period ends. If documents are received after this time, there is no guarantee that the overtime request will be processed or paid.

If you do not have access to a scanner, you can take a picture of the completed, signed and approved forms and send the photo to all three email addresses.