

Personal Support Worker

INFORMATION PACKET

THIS PACKET IS INFORMATIONAL ONLY.

You will need to read this packet thoroughly. Once you have read through this packet, and feel that you meet the job requirements, you will go onto our website to access the **PSW Application Packet** (www.creativesupports.org, under Providers > Service Forms).

VERY IMPORTANT NOTICE!!!

It is crucial to understand that this position requires regular use of a computer, internet, and email.

Creative Supports, Inc. is not your employer; your employer is determined by the individual receiving support services, or their legal representative.

This is a Personal Support Worker (PSW) information packet.

This packet includes information on general PSW job requirements and instructions on how to become a PSW.

This packet is informational only.

To apply to become a PSW, you will need to read this packet thoroughly. Once you have read through this packet, and feel that you meet the job requirements, you will go onto our website to access the **PSW Application Packet**. To start your PSW enrollment, the application packet will need to be printed, completed, and documents submitted to the appropriate entities.

Creative Supports, Inc. (CSI) is a non-profit brokerage, contracted through Oregon Developmental Disability Services in part to process timesheets and mileage logs that allow the disbursement of designated state and federal funds under the directions of the individual receiving services, their legal representative, and Oregon Administrative Rule.

**** CSI is NOT your employer and we CANNOT verify employment.**

If you have any questions regarding the materials in this packet, you may contact the Processing, Information, and Technical Assistance team at CSI.

~ Roles & Terms You Should Know ~

Personal Support Worker (PSW) – A person who is hired by the individual (who has the disability) or their Common Law Employer, who receives compensation from Medicaid funds by providing support to the individual in the home or community. A PSW who is employed must have an active provider number (SPD) and an approved background check. *A PSW is also known as provider and/or employee.*

OAR 411-375-0010

Individual – An adult with an intellectual or developmental disability (I/DD) who has applied or been determined eligible to receive support funds. *An individual is also known as a customer or client.*

Common Law Employer (CLE) – This is either the individual (who has the disability) or a person chosen by the individual to act on the behalf of them to conduct the responsibilities of an employer as listed in OAR 411-340-0135. Those include interviewing PSWs, hiring PSWs, training PSWs, ensuring accuracy of and signing time sheets, and firing PSWs. *A CLE is also known as an Employer of Record. The CLE can either be the individual receiving services, or a designated individual.*

** Creative Supports, Inc. and Personal Agents are **not** your employer **

Personal Agent (PA) – A trained employee of a brokerage who works directly with the individual to facilitate, develop and manage their support services in a person-centered manner through an Individual Support Plan (ISP). The PA also arranges the set up of support services for an individual and ensures that services are being provided as indicated in the ISP. *A PA can also be identified as a case worker or services coordinator (SC).*

Creative Supports, Inc. (CSI) – A non-profit Support Service brokerage in Southern Oregon contracted with the State of Oregon Department of Human Services (DHS). CSI provides access to services for adult Oregonians with I/DD in Jackson and Josephine County. This includes case management support and facilitation of support services with qualified providers, organizations, and other resources.

Service Agreement (SA) – A written agreement that describes the following:

- Type of service to be provided;
- Hours, rates, location of services, and expected outcomes of services; and
- Any specific individual health, safety, and emergency procedures that may be required, including action to be taken if an individual is unable to provide for their own safety and the individual is missing while in the community under the service of a contractor or provider organization.

A service agreement is also known as a contract, and MUST be signed BY ALL PARTIES before you can start working.

Acronym List:

CDDP – Community Developmental Disabilities Program

CHC – Criminal History Check

CLE – Common Law Employer

CSI – Creative Supports, Inc.

DHS – Department of Human Services

ISP – Individual Support Plan

LOC – Level of Care

ODDS – Oregon Developmental Disability Services

ONA – Oregon Needs Assessment

OPP – One Page Profile

PA – Personal Agent

PCI – Person-Centered Information

PPL – Public Partnerships, LLC.

PRU – Provider Relations Unit

PEAA – Provider Enrollment Application and Agreement

RIT – Risk Identification Tool

SA – Service Agreement

SPA – Service Prior Authorization

Updated 5/31/2018

Summary of Documents in PSW Information Packet

1. **Setup Checklist for New Personal Support Worker:** The process to become a PSW can be quite complex. This checklist is helpful in tracking your enrollment as a PSW..... **pg. 1**
2. **Frequently Asked Questions for DD Personal Support Workers:** This includes information and guidance ODDS, the job requirements for a PSW, and how to best understand disability services. *(This FAQ was made by ODDS)*..... **pg. 2-15**
3. **Criminal History Check Instructions:** This packet includes the instructions on how to complete the CHC application, and additional steps that may need to be taken to receive a CHC approval letter. *The CHC application is in the application packet*..... **pg. 16-19**
4. **Mandatory Abuse Reporting Instructions:** This packet includes the instructions and training on what it means to be a Mandatory Abuse Reporter. All PSWs must understand their role and act as mandatory abuse reporters when working with I/DD individuals. *The application packet will include a signature page, indicating that you have read through this manual and understand the duties involved*..... **pg. 20-25**
5. **PSW Provider Enrollment Application and Agreement Exhibit A:** This outlines the PSW's agreement with ODDS and Medicaid in their role with state and federal funds. This also is your agreement to being issued an SPD Provider ID Number. *The application packet will include the PEAA form, which needs to be completed and submitted to ODDS/DHS*..... **pg. 26-30**
6. **PSW Contact Sheet:** This sheet provides you with the primary contacts needed as a PSW, and gives direction on who/when to call..... **pg. 31**
7. **How to Get Paid as a Personal Support Worker:** This guide provides the basic steps/instructions on how to get paid as a PSW, and includes references to guides for entering time into eXPRS..... **pg. 32**
8. **Helpful Reminders/Tips around Your eXPRS Login:** This guide gives information and tips on how to be most successful with your user account..... **pg. 33**
9. **ODDS State Payroll Calendar:** This calendar gives you the dates that PSW timesheets are due at the CME office, and dates on when respective payments are issued. *Any service logs turned in after business hours are date-stamped as received the following business day*..... **pg. 34**
10. **PSW New Worker Orientation Information:** ALL PSWs are required to complete this training within 90 days of receiving their SPD Provider ID number. This gives you direction on how to access/complete the training..... **pg. 35-6**
11. **PSW Worker's Compensation Information:** PSWs file worker's compensation claims through the Oregon Home Care Commission. This gives you instructions on how to do this..... **pg. 37**

Once you have completed reading through this packet, go onto www.creativesupports.org to access the **application packet**. Print the packet, completed the required paperwork and submit as appropriate.

Setup Checklist for New Personal Support Worker

The process to become a PSW can be quite complex. This checklist is helpful in tracking your enrollment as a PSW.

GENERAL JOB REQUIREMENTS

- Must have a personal email address. It cannot be an email from a friend/family.
- This position includes frequent use of a computer, the internet, and a printer.
- It is recommended that you access the eXPRS help guides for reference in utilizing the State's billing system (<https://apps.state.or.us/exprsWeb/login.do> → eXPRS documentation)

CHECKLIST

<input type="checkbox"/>	Contact Information Form	* Complete and return to CSI
<input type="checkbox"/>	Qualified Provider Agreement	* Complete and return to CSI
<input type="checkbox"/>	Mandatory Abuse Reporting Notice	* Complete and return to CSI
<input type="checkbox"/>	Consent to Retain Copies of Confidential Documents	* Complete and return to CSI
<input type="checkbox"/>	Copy of ODL and Auto Insurance	* Submit to CSI If providing transportation
<input type="checkbox"/>	Copy of SS Card	* Submit to CSI
<input type="checkbox"/>	PPL (FI) PSW Request Form	* Complete and return to CSI
<input type="checkbox"/>	Criminal Background Check Application	* Complete and return to CSI with photo ID
<input type="checkbox"/>	Criminal Background Check Approval Letter	* Mailed by QED staff from CSI office.
<input type="checkbox"/>	Provider Enrollment Application (PEAA)	* Submit to PSW Enrollment Unit
<input type="checkbox"/>	SPD Provider Number (Applied for with PEAA)	* Emailed from PSW Enrollment Unit
<input type="checkbox"/>	User Enrollment Form (UEF)	* Complete and submit to eXPRS, after SPD number is provided.
<input type="checkbox"/>	User Name/Password (Applied for with UEF)	* Emailed from eXPRS; gives you access to your eXPRS account for billing
<input type="checkbox"/>	Verify Approved to Work Status in eXPRS by logging in.	* SPD#, current CHC, current PEAA.
<input type="checkbox"/>	PPL (FI) Enrollment Paperwork	* Issued by mail, returned to PPL via fax/email to establish Employment Relationship
<input type="checkbox"/>	Identify Employer and notify the Personal Agent	* PA verifies Approved to Work Status and established Employment Relationship with PPL
<input type="checkbox"/>	Signed Service Agreement, made by CSI Personal Agent	* Return to CSI and Retain Copy
<input type="checkbox"/>	New PSW Orientation – Oregon Home Care Commission	* Must attend within 3 months of employment

Frequently Asked Questions (FAQs) for DD Personal Support Workers (PSWs)

(updated 10/11/16)

Q: *There are so many different systems and organizations involved with being a PSW now; who are they and what do they do?*

A: Here's a summary of the different organizations, people and systems that PSWs may now be interacting with:

The Financial Management Agent Service (FMAS): formerly known as "FI" for "Fiscal Intermediary", this is the ODDS contracted entity that processes payroll and issues payments to PSWs on behalf of the I/DD individual's employer for services provided/work performed. **As of 1/1/2017** the single contracted FMAS vendor for all DD PSWs in Oregon is **PCG Public Partnerships, LLC (PPL)**.

The Common Law Employer (CLE): Formerly referred to as the "employer of record" or "EOR", this is the individual who is employing a PSW to deliver an array of services to support an individual with I/DD. Most often the CLE is simply referred to as the "employer". In some cases, the individual with I/DD themselves will serve as their own CLE. The CLE establishes the type of service they wish the PSW to deliver, when and where. They also maintain hire/fire authority and directs the care the individual with I/DD receives.

In addition, the CLE must sign off on any services delivered reports, time sheets or invoices verifying that the time worked as reported by the PSW was indeed for the authorized services received by the individual with I/DD.

A CDDP or Brokerage: This is an agency that is responsible for coordinating and authorizing the in-home & community services the individual with I/DD receives. This work may also include conducting service needs assessments, service plan development and authorization, problem solving, advocacy, and be a source of information regarding the rules and regulations for in-home & community services available to the individual with I/DD. The staff that assists the individual is called a Service Coordinator (SC) from a CDDP or a Personal Agent (PA) from a Brokerage.

The SC or PA may also assist the individual with some duties related to locating and hiring a PSW and service contract/agreement development, and may assist in completing the necessary forms needed for paying the PSW.

Office of Developmental Disability Services (ODDS): This is a service delivery office that is part of the State of Oregon’s Department of Human Services (DHS). ODDS is responsible for the overall funding, administration, management and oversight of all services provided to individuals with I/DD in Oregon. This includes individuals with I/DD receiving in-home & community services.

DHS Provider Database: This is the centralized DHS provider database that manages all the provider record information for DHS providers, including PSW providers. In order for PSWs to be available to have services authorized for them and to receive payment from DHS for those services, the PSW must be enrolled in the DHS Provider Database, be listed as “**approved to work**” (meaning they are active) for dates they are working and have an SPD/DHS provider ID number assigned to them.

Oregon Home Care Commission (OHCC): This is the state agency that acts as the “employer” for PSWs for the purpose of the collective bargaining process. The OHCC does many things, including providing support to PSWs through trainings and other information to assist PSWs in acquiring and improving their skills to deliver the best quality services. The OHCC also provides support & training for PSW employers, and manages the Registry & Referral System (see below).

OHCC Registry & Referral System (Registry): This is an online registry and referral system that is designed to assist employers in finding potential PSWs to employ when they need providers to deliver services.

PSWs who are “**approved to work**” in the DHS provider database and have an SPD provider ID number assigned can set up a profile with the registry, if they wish to do so. This profile acts somewhat like an online resume for the PSW, listing the PSW’s skills, training, availability for work, etc. Employers can search for PSWs who have active profiles to see if there are potential providers looking for work whom the employer may be interested in utilizing.

Accessing and setting up a profile on the Registry is completely voluntary for PSWs.

Service Employees International Union (SEIU): SEIU is the agency that represents the PSWs and HCWs in collective bargaining with the State. SEIU also represents and advocates for the PSWs in cases of grievances or issues involved with implementing the CBA.

PSW-HCW Collective Bargaining Agreement (CBA): The PSW-HCW CBA is a multi-year agreement between the PSW-HCW employees and the State of Oregon. The CBA outlines a variety of agreed working conditions, rates, benefits, etc. for PSW and HCWs.

Questions related to “provider enrollment”

Q: *What does it mean for a PSW to be “enrolled” as a provider?*

A: There are several types of “enrollments” that may be needed for a PSW; it can be very confusing.

The first type of “enrollment” is “**Provider Enrollment**” and **is required for all PSWs working for individuals with I/DD, as of 7/1/14.** It involves the process to become registered and enrolled to the DHS Provider database, be assigned an SPD provider ID number and have a status of “**approved to work**” as that type of provider. Once a PSW is fully registered/enrolled and has an “**approved to work**” status they are considered active and available to provide services, and receive payment for the work they do for their I/DD employer(s) for the date range(s) they are “**approved to work**”.

However, there are other types of “enrollment,” including different forms and activities that may be needed for the PSW, **but are separate** from the “Provider Enrollment” process outlined above.

Other “Enrollment” processes include:

- **Financial Management Agent Service (FMAS) Enrollment:** ****This enrollment is required**, and includes all the financial and other fiscal enrollment forms (such as W4, direct deposit forms, tax exemption declaration forms, etc.) needed for the PSW to be set up with the designated **FMAS** agent (as of 1/1/2017 is **PCG Public Partnerships, LLC**

(PPL)) to receive payments for services provided to their I/DD common law employer. *****This enrollment processes must be completed BEFORE the PSW is able to receive payment for work performed, and should be completed prior to any service authorization for the I/DD individual being successfully submitted in eXPRS POC that identifies/uses the PSW.***

Information on Oregon's **FMAS** vendor can be accessed from **PPL's** website here: <http://publicpartnerships.com/programs/oregon/fmas/>

- **eXPRS User Enrollment:** *****As of 7/1/2016, this enrollment is required*** for the PSW to complete their online billing. This enrollment enables the PSW to have access to the eXPRS payment system to directly submit the service delivery/dates-time worked information needed for bill for the services provided to individuals with I/DD. These billings are what generates claims the PSW that are then sent to the designated **FMAS** vendor for payment to the PSW.

The **eXPRS User Enrollment** form for PSWs is available here:

<http://apps.state.or.us/exprsDocs/EnrollIndividualProviderUserPSW.pdf>

Instructions on how to complete this form are available here:

<http://apps.state.or.us/exprsDocs/EnrollIndividualProviderUserPSWInstructions.pdf>

- **Oregon Home Care Commission Registry Enrollment:** This is enrollment is option and is to set up the PSW's provider profile (which acts somewhat like their resume') on the OHCC Registry and Referral System. While this enrollment is optional for the PSW, it must be completed **IF** the PSW wants to be active in registry searches for other potential PSW employment opportunities.

The **OHCC Registry and Referral System** website:

<https://www.or-hcc.org/>

Questions related to a PSW's SPD provider ID number

Q: *Why do PSWs need an SPD provider ID number?*

Services to individuals with I/DD are supported by various federal Medicaid programs and funding. And since the funds used to pay PSWs who deliver

the services to individuals with I/DD are Medicaid funds, the PSWs must be approved as Medicaid providers.

The process of “provider enrollment” and issuance of an SPD provider ID number to a PSW is how the state verifies that the PSW has met all the requirements to be approved as a Medicaid provider; to be authorized and receive payment for Medicaid services.

A PSW’s SPD provider ID number is also what enables the PSW to access the OHCC Registry and Referral system.

Q: Do PSWs who are also currently Home Care Workers need a new provider number to be a DD PSW?

Yes. Even though the work performed may be very similar, a Home Care Worker (HCW) is considered to be a different type of provider than a Personal Support Worker (PSW). Since they are different types of provider, the PSW, if doing both, would need to be assigned a separate SPD provider ID number for each type.

Q: How long does it take to get an SPD provider ID number?

The time it takes complete the enrollment process and assign an SPD provider ID number can vary, as it involves many steps. While we are working diligently to process provider enrollment records for SPD provider ID number assignment as quickly as possible, the process can take several weeks.

Q: How does a PSW get an SPD provider ID number?

A: An SPD provider ID number is assigned as part of the Provider Enrollment and Registration process to the DHS provider database. Enrollment and activation in the DHS provider database is required for a PSW to deliver Medicaid qualifying services to individuals with I/DD. This enrollment process includes DHS receiving all of the PSW’s demographic information (name, DOB, address, SSN/TIN, etc.) and the PSW’s credential information which includes:

- a signed PEAA, which must be re-newed every 2 years; ***and***
- an approved CHC, which must be re-newed every 2 years; ***and***
- verification that the PSW has passed the required ACA provider validation checks, which include:

- passes verification of identity (name & SSN/TIN) with the IRS/Social Security;
- passes checks against the Medicaid Banned Provider databases (OIG & SAM); **and**
- verification that the PSW is not listed on the Death Master file.

Once all these verifications are cleared/passed and the PSW's record information is successfully loaded to the DHS provider database, an SPD provider ID number will be assigned for the PSW for the type of work they will be doing. The PSW now has a status of "**approved to work**" and a date range for that status. PSWs can be more than one type of provider (for example: can be a PSW and Home Care Worker). If a PSW is listed as more than one provider type, they may receive a separate number and be "**approved to work**" separately for each type for different dates.

Q: *How can a PSW find out what their SPD provider ID number is?*

A: PSWs should receive notification (by mail or email) when a SPD provider ID number has been assigned to them. If for some reason PSWs do not receive this notification and wish to confirm their provider number, they can contact the DHS Provider Relations Unit at:

Email: psw.enrollment@state.or.us
 Fax: 503-947-5357
 Phone: 1-800-241-3013
 US Mail: Provider Relations Unit
 P. O. Box 14990
 Salem, OR 97309-5083

Q: *If a PSW has questions about the DD PSW Provider Enrollment Application and Agreement (PEAA) form. Who do they contact?*

A: Please contact the DHS Provider Relations Unit at:

Email: psw.enrollment@state.or.us
 Fax: 503-947-5357
 Phone: 1-800-241-3013
 US Mail: Provider Relations Unit
 P. O. Box 14990
 Salem, OR 97309-5083

Q: *How does a PSW get a Criminal History Check (CHC)?*

A: PSWs should work with the CDDP or Brokerage that authorizes services for the I/DD individual they are serving to have the Criminal History Check forms and fitness determination completed or re-newed.

Q: *How can a PSW find out the last time they had a Criminal History Check (CHC)?*

A: PSWs should check with the CDDP or Brokerage that authorizes services for the I/DD individual they are serving. The CDDP or Brokerage should have access to this CHC information.

Q: *If a PSW has a current CHC; do they need to have another one?*

A: That depends on when the CHC was last completed/approved. ODDS has updated their program policy to require Criminal History Checks for PSWs and other individual providers to be renewed every 2 years. If the PSW's CHC is current (meaning it was completed and approved within the past 2 years), then they will only need to get a new CHC when their current CHC expires.

Questions related to the eXPRS Payment System

Q: *What is "eXPRS"?*

A: "eXPRS" (pronounced "express") is the acronym for the **Express Payment and Reporting System**. This system is the web-based computer program that ODDS uses to authorize services for individuals with I/DD in Oregon, and to process time worked billings and claims for payments to PSWs (and other providers) for the services they provide.

Q: *Why do PSWs have to use eXPRS in order to get paid?*

A: The authorization and payment of all services provided to individuals with I/DD in Oregon is now managed in one centralized state system, which is eXPRS. DD providers of In-Home & Community services to an individual with I/DD (such as a PSW) now have their services authorized, dates-time worked for services delivered information and claims processed using eXPRS. In order to be successfully paid for work performed as a PSW, the PSW must use eXPRS.

Q: *How will using eXPRS change how PSWs report their time worked?*

A: Using eXPRS to report date/time worked information as a PSW will involve:

1. entering the dates/times that the PSW worked providing services in eXPRS. This time worked data is called **Services Delivered entries** and must be entered into eXPRS to create claims for payment back to the PSW. PSWs must report this dates/time worked information directly themselves by using eXPRS.
2. printing a completed timesheet or mileage form for signatures directly from eXPRS using the data entered. This timesheet/mileage sheet must be signed by the PSW and their employer, and then submitted to the authorizing CDDP or Brokerage for approval.

Additional information and training on how to enter dates/time worked information directly into eXPRS and submit these forms is available via PSW Orientation sessions or viewing demonstrations videos on the eXPRS Help Menu.

Q: *How will using eXPRS benefit the PSW?*

A: Using eXPRS will allow PSWs to view and access service authorization, services delivered data reported/entered and claims/payment information and track the status of their time worked billings submitted in real time in one, centralized place. This will be especially beneficial if PSWs work with more than one individual with I/DD.

Q: *What does it mean to "file a claim" in eXPRS?*

A: PSWs will need to report their dates/times worked in eXPRS. The system has no way of knowing what dates/times a PSW actually worked or what service was actually provided until it's reported and entered. That dates/time worked information (called Service Delivered billing entry) is then used to create claims, which is used to generate payments back to the PSW. The process of reporting and entering the dates/times worked delivering a specific service into eXPRS, which then uses that information to create claims to ultimately generate a payment, is part of "filing a claim."

Q: *How does the PSW get paid if they don't have internet access or decline to use eXPRS directly?*

A: An exception can be allowed for a manual submission process for providers to report the date/time worked for an individual with I/DD. If an exception is granted, the PSW's completed and signed timesheet can be submitted to the authorizing CDDP or Brokerage, and that agency will enter the date/time worked data into eXPRS.

Q: *How often will the PSW need to submit claims and how often will they get paid?*

A: **Services Delivered** billing information (date/time worked for services provided) for each individual served can be entered into eXPRS as frequently as the PSW would like. That billing information is then processed, gathered into "claims" in payment cycles scheduled to coincide with the PSW payroll schedule. The claims information from the payment cycle will then be sent to the **FMAS payroll vendor** who will then process and distribute payments/paychecks to PSWs.

Q: *How does a PSW learn how to enter their time worked billing information into eXPRS?*

A: Training on how to enter billing information is provided as part of the PSW eXPRS Orientation sessions. In addition, training videos for PSWs on how to use the eXPRS system for time worked data entry are available on the eXPRS Help Menu. PSWs can access these training videos at any time by using these links:

- **PSW eXPRS Training - Part 1** (Overview)
<https://www.youtube.com/watch?v=lx3JXCxXObY>
- **PSW eXPRS Training - Part 2** (Billing Demonstration)
<https://www.youtube.com/watch?v=A33OaN9Nrbg>

In addition, there are many resources and user assistance guides posted for PSWs on the eXPRS Help Menu. You can access that Help Menu information by using this link:

- **eXPRS Help Menu Resource & Assistance Guides**
<http://apps.state.or.us/exprsDocs/>

Q: *Why does the PSW have to fill out the eXPRS User Enrollment form?*

A: The eXPRS User Enrollment form is required to be completed and submitted for a PSW to have direct access to eXPRS. This form is how the PSW's user account is created and linked to their provider authorized information in eXPRS.

Q: *What does the role name - Provider PSW/IC/BC Claims Manager - in the middle section of the eXPRS User Enrollment form mean?*

A: "Provider PSW/IC/BC Claims Manager" is the name of the user role that PSWs need in order to view their service authorizations, report their dates-time worked for services delivered, view their claims and payment information directly in eXPRS themselves.

Questions about getting paid as a provider

Q: *Is Direct Deposit mandatory?*

A: No, but it is strongly encouraged. New or updated tax or other financial documents may need to be completed and submitted by some providers to the **FMAS** vendor designated to process payments for eXPRS.

Information on Oregon's **FMAS** vendor can be accessed from **PPL's** website here: <http://publicpartnerships.com/programs/oregon/fmas/>

Q: *How does a PSW complete the Direct Deposit form?*

A: New or updated tax or other financial documents may need to be completed and submitted by some providers to the **FMAS** vendor designated to process payments for eXPRS.

Information on Oregon's **FMAS** vendor can be accessed from **PPL's** website here: <http://publicpartnerships.com/programs/oregon/fmas/>

Q: *If a provider already has direct deposit set up; do they need to send the form in again?*

A: New or updated tax or other financial documents may need to be completed and submitted by some providers to the **FMAS** vendor designated to process payments for eXPRS.

Information on Oregon's **FMAS** vendor can be accessed from **PPL's** website here: <http://publicpartnerships.com/programs/oregon/fmas/>

Q: *Can a provider have Direct Deposit to their business account?*

A: New or updated tax or other financial documents may need to be completed and submitted by some providers to the **FMAS** vendor designated to process payments for eXPRS.

Information on Oregon's **FMAS** vendor can be accessed from **PPL's** website here: <http://publicpartnerships.com/programs/oregon/fmas/>

Q: *Can a provider have Direct Deposit to a prepaid card?*

A: New or updated tax or other financial documents may need to be completed and submitted by some providers to the **FMAS** vendor designated to process payments for eXPRS.

Information on Oregon's **FMAS** vendor can be accessed from **PPL's** website here: <http://publicpartnerships.com/programs/oregon/fmas/>

Q: *Where does the provider send the Direct Deposit form?*

A: New or updated tax or other financial documents may need to be completed and submitted by some providers to the **FMAS** vendor designated to process payments for eXPRS.

Information on Oregon's **FMAS** vendor can be accessed from **PPL's** website here: <http://publicpartnerships.com/programs/oregon/fmas/>

Questions about the OHCC Registry

Q: *How does a PSW login to the Registry to create a profile?*

The PSW will need to know their SPD provider ID number to access the Registry. Once received, the provider can follow these steps:

- Go to www.or-hcc.org
- Select the program, for example, People with Developmental or Intellectual Disabilities
- Click on the “**Click to Register**” button
- Then create a provider profile by filling in the appropriate details. Please note, your user name cannot be the same as your personal Name or SPD provider ID number.

For assistance with the registry, call toll free:

- 1-877-867-0077, then select option #1

Q: *Does a PSW have to be in the Oregon Home Care Commission's (OHCC) Registry?*

A: No. Completing and activating a provider profile in the OHCC Registry is not required UNLESS the PSW wishes to be active and listed in searches by potential common law employers to find them and possibly offer them work. If the PSW is happy working for the customer(s) they have now and do not want additional, possible employment, then the provider does not need to do anything.

Questions regarding the SEIU Union and Collective Bargaining Agreement

Q: *What if a PSW doesn't want to be part of the Union?*

A: Questions about union membership, dues, and other union related issues should be directed to SEIU directly. SEIU's contact information is:

Phone: 1-800-452-2146

Email: salem@seiu503.org

Q: *What if a PSW doesn't want union dues withheld from my paychecks.*

A: Questions about union membership, dues, and other union related issues should be directed to SEIU directly. SEIU's contact information is:

Phone: 1-800-452-2146

Email: salem@seiu503.org

Q: *Why does a PSW have to pay union dues? What if a PSW doesn't want to pay dues?*

A: Questions about union membership, dues, and other union related issues should be directed to SEIU directly. SEIU's contact information is:

Phone: 1-800-452-2146

Email: salem@seiu503.org

Q: *Why does the union get the provider's information?*

A: Questions about union membership, dues, and other union related issues should be directed to SEIU directly. SEIU's contact information is:

Phone: 1-800-452-2146

Email: salem@seiu503.org

Other General Questions

Q: *Where are the PSW related forms located at so a PSW can access them?*

The many different forms and form instructions, and other materials are available for PSWs and can be accessed by going to this website:

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/psw-resources.aspx>

Updated and additional forms and information are being added from time-to-time, as well as versions in alternative languages. PSWs are encouraged to check this website periodically for updated forms and information.

PSWs are also encouraged to follow the social media Facebook pages for both ODDS and eXPRS. New and updated information is posted via these pages frequently.

- **eXPRS Facebook page:**
<https://www.facebook.com/EXPRSpaymentsystem>
- **ODDS Facebook page:**
<https://www.facebook.com/pages/Oregon-Developmental-Disabilities>

Q: *What if a PSW has a question that is not covered on this FAQ?*

We would encourage PSWs to work with their local CDDP or Brokerage first regarding questions they may have on this transition process.

Additional questions if not able to be answered by the local CDDP or Brokerage agency can be routed to the following entity/topic by the corresponding email or phone provided below. Given the high volume of workload related to this transition project, we ask that providers please be patient when awaiting a response.

- **SPD provider ID number, provider enrollment process/status, and PEAA questions:**
psw.providerenrollment@state.or.us

- **eXPRS user enrollment questions and user assistance:**
technical.triage@state.or.us
 Or by toll free: 1-844-874-2788

- **Oregon Home Care Commission questions and Registry:**
DD-MH.OHCC@state.or.us
 Or by toll free: 1-877-867-0077, then select option #1

- **SEIU Union related questions:**
salem@seiu503.org
 Or by toll free: 1-800-452-2146

- **FMAS vendor or payroll questions to PCG Public Partnerships, LLC (PPL)**
PPLORFMAS-CS@pcgus.com
 Or by toll free: 1-888-419-7705 (English)
 1-888-419-7720 (Español)
 1-888-419-7724 (Русский)

 Website:
<http://publicpartnerships.com/programs/oregon/fmas/>

Background Check Request

Instructions for Subject Individual (SI)

Read all of the instructions before completing the form.

As the subject of this background check, you are referred to in these instructions as the subject individual (SI). The qualified entity (QE) listed in box 1 is the agency where you are applying to work or hold a position. The qualified entity designee (QED) is a person at the QE who has received training from the Department of Human Services Background Check Unit (BCU) for background checks: the QED is usually your contact for doing this background check.

Section 2 — You, the SI, complete this section.

11. Type or print your complete name.
12. The disclosure of your Social Security number (SSN) is optional. The BCU requests the SSN solely for the purpose of positively identifying you during the background check process. If you do not provide a SSN, the BCU may request fingerprints to confirm identity.
13. Enter your date of birth (*mm/dd/yyyy*).
14. Enter your email address.
15. Check the box for your gender.
16. Enter your driver license or state ID, listing the state and the number.
17. Type or print all aliases or other names you have ever used.
18. Check this box only if you prefer to have correspondence from BCU sent to your mailing address rather than email. *BCU will send any correspondence via regular mail if it contains confidential information.*
19. Type or print your residence address. If you have a mailing address that is different from your residence, type or print it.
20. Type or print the phone numbers where you can be reached.
21. If you have lived outside of Oregon in the past five (5) years for more than 60 days in a row, check the “yes” box and provide details of your previous residences. If you have lived in Oregon for the entire past five (5) years, check the “no” box and go to #22.
22. Provide information on your criminal history. If you have never been arrested, charged, or convicted, check the “no” box and go to #23.

Disclose all criminal history — You must accurately and completely disclose all history (*adult and juvenile*) regardless of how long ago it happened. This includes all felonies, misdemeanors, probation violations and failures to appear. If you fail to list any part of your history, your application may be closed or you may be denied due to false statement. Any serious traffic offense such as reckless driving, driving under the influence of intoxicants (DUII) and driving while suspended (DWS), must be listed. Failure to appear, even for a minor traffic violation, must be listed.

If you are not sure if something should be listed, you should list it. For each charge, arrest, adjudication, or conviction, include the exact date (*mm/dd/yyyy*), location and the outcome. If you do not remember the exact date, round to the nearest month or year (*for example, if the date was sometime in May of 2013, use the date 01/01/2013; if the date was sometime in 2010, use the date 01/01/2010*).

You do not need to disclose any charge, arrest, conviction or adjudication which has been expunged or set aside. If you are uncertain (*for example, you do not have documented proof of court action, or you have not requested a copy of your record to confirm that the expunction or setting aside has occurred*), you may disclose without penalty: if you disclose anything which has been expunged or set aside, or provide documentation proving something has been expunged or set aside, BCU will in no way use any charge, arrest, conviction or adjudication which has been expunged or set aside in a weighing test or fitness determination.

If you have any new arrests, charges, convictions or adjudications after submitting this background check request form but before the final fitness determination:

Contact the agency where you are applying to work or hold a position. The QED will need to add this information, including any additional information you want to provide (see *instructions for #23 below*), to the background check request already submitted to BCU.

Violations and infractions: Minor moving and non-moving traffic violations are not required to be listed.

Note: Although you are not being asked in this form to disclose any history of your being considered an alleged or reported perpetrator of abuse, BCU will conduct an abuse check on you. If you would like to disclose any abuse history, you may do so by attaching additional pages to the background check request form, or giving them to your contact at the agency for which you are doing this background check.

23. **If you have criminal or abuse history, BCU will weigh several factors to decide if you are fit for the position for which you are applying. Respond to the following questions, attaching additional pages as needed. Attach documentation to support your responses.**

- What happened leading up to the criminal or abuse history?
- Explain the outcome of the criminal or abuse history.
- List any requirements resulting from each event.
- Describe any treatment, education and training specifically related to your history.
- How is your history relevant to your position?
- How has your life changed since your history?
- Explain how you no longer pose a risk to the physical, emotional or financial well-being of vulnerable people.
- List other information you believe would be helpful in making a decision in this case.

Note: Some convictions and conditions may be subject to ORS 443.004 or federal mandatory exclusions and a weighing test may not be allowed. See more information below under Possible Outcomes.

24. **CAREFULLY READ THE STATEMENTS IN THIS SECTION. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT WITH ALL STATEMENTS AND YOUR AUTHORIZATION TO RELEASE OF INFORMATION BY BCU.** Sign and date the form. Return it to the person listed in #2 or to your contact in the agency for which you are completing this background check request.

What is potentially disqualifying — Review the Department of Administrative Services (DAS) and the Provider background check rules available at <http://www.oregon.gov/DHS/BUSINESS-SERVICES/CHC/Pages/index.aspx> for a complete list of what is potentially disqualifying. If you have potentially disqualifying convictions or other potentially disqualifying criminal conditions, you may challenge your record if you believe it to be incomplete or inaccurate. See below regarding challenging. In general, the following are potentially disqualifying:

- All criminal convictions and adjudications.
- Other current or recent criminal actions, such as probation violations, sex offender registration, current diversion, conditional discharge, parole, or probation.
- Adult protective services history of neglect, physical or sexual abuse or financial exploitation assessed on or after Jan. 1, 2010 for which you were found to be responsible. Abuse information is provided to BCU by the Office of Abuse Prevention and Investigations and the Aging and People with Disabilities (APD) based on severity.
- Effective 12/01/2016, child protective services history held by the department, regardless of the type of abuse or the date of the initial report for which you were found to be responsible.

Possible outcome of your background check:

- **Approved:** Your background check is approved for the position listed on this form. An approval does not guarantee employment or placement.
- **Approved with restrictions:** Your background check is approved to work but are restricted to a specific client, a specific work site or a set of duties. This decision may be appealed. A restricted approval does not guarantee employment or placement.
- **Denial:** Based on the background check, you are denied. You may not hold the position listed on this form and you must be terminated immediately. This decision may be appealed, but you may not hold the position during the appeal.
- **Case closed:** If you do not provide a complete and accurate disclosure of your criminal history or you do not cooperate with this background check process, your application may be closed without a final decision. There are no appeal rights, but you may be able to reapply immediately.
- **Ineligible:** Oregon Revised Statute (ORS) 443.004 prohibits individuals from working in certain positions if they have one or more specific convictions. A complete list of convictions is available at <http://www.oregon.gov/DHS/BUSINESS-SERVICES/CHC/Pages/HB2442.aspx>. ORS 443.004 covers home care workers and personal support workers; adult foster homes; community-based care for seniors and individuals with disabilities (*excluding nursing facilities*), and all positions working with individuals with developmental disabilities. If found ineligible, you may not hold the position listed on this form and must be terminated immediately. You do not have appeal rights. The BCU will provide more information in the email or letter sent to you.

- **Mandatory exclusion:** If you have any convictions or conditions that would make you subject to a federal exclusion (*for example, the Service America Act, requirements for positions subject to the Centers for Medicare and Medicaid Services [CMS], etc.*), BCU will issue you a notice and you may not hold the position listed on this form and must be terminated immediately. You may have hearing rights if allowed under federal law. More details are available in the Provider rules at <http://www.oregon.gov/DHS/BUSINESS-SERVICES/CHC/Pages/index.aspx>.

Authority — BCU is authorized by state law to complete background checks on SIs who work, volunteer or live with individuals who are vulnerable to abuse or mistreatment (ORS 181A.195, 181A.200, 409.027 and 443.004; OAR 407-007-0200 to 407-007-0370, OAR 943-007-000 to 943-007-0501). Vulnerable individuals include children, senior citizens and individuals with physical disabilities, developmental disabilities or mental illness. A check may be required even if you, the SI, do not have direct contact with vulnerable individuals.

Sources checked — BCU may check information from the Driver and Motor Vehicle Services Division, Department of Corrections, Oregon State Police, Federal Bureau of Investigation and local, state and federal courts. BCU may use information from other criminal justice, corrections and law enforcement agencies and other state and local government agencies. You may be requested to provide fingerprints for a national criminal records check.

Challenging criminal information — You have the opportunity to challenge your criminal record if you believe it has inaccuracies. If you want to obtain a copy of your record, or challenge information in the record, you must contact the Oregon State Police, 503-378-3070, extension 330 (*for Oregon criminal records*) or the Federal Bureau of Investigation, 304-625-3878 (*for national criminal records*). You may request a copy of the national FBI report from BCU. Depending on your previous contacts with law enforcement and courts, you may need to contact several sources to find your complete criminal records. Contact information for law enforcement and courts is available online using search engines.

Rechecks — **This background check process may be repeated at any time while you work, reside or otherwise continue in this position.**

If you have questions or need this form in large print or in a different format, contact the agency for which you are completing this background check.

Keep these instructions for your records.

Mandatory Abuse Reporting Notice:
Adults with Developmental Disabilities
To report abuse call 1-855-503 SAFE (7233)

As an individual providing services to adults with developmental disabilities, you are a **Mandatory Reporter** according to Oregon law (ORS 430.765). According to the law, if you have reasonable cause to believe an adult with developmental disabilities who is receiving services has been abused, or that any person with whom you come in contact in your job has abused such an adult, you must immediately report the abuse to the Community Developmental Disability Program and to a local law enforcement agency when there is reason to believe a crime was committed. When applicable, you should also follow your agency policies and procedures so that immediate steps are taken to protect the victim of the abuse.

Abuse of an Adult with Developmental Disabilities means:

1. Abandonment including desertion or willful forsaking of an adult or the withdrawal or neglect of duties and obligations owed an adult by a caregiver or other person.
2. Death of an adult caused by other than accidental or natural means or occurring in unusual circumstances.
3. Financial exploitation including:

Wrongfully taking the assets, funds, or property belonging to or intended for the use of an adult.

Alarming an adult by conveying a threat to wrongfully take or appropriate money or property of the adult if the adult would reasonably believe that the threat conveyed would be carried out.

Misappropriating, misusing, or transferring without authorization any money from any account held jointly or singly by an adult.

Failing to use the income or assets of an adult effectively for the support and maintenance of the adult. "Effectively" means use of income or assets for the benefit of the adult.

4. Involuntary seclusion means the involuntary seclusion of an adult for the convenience of a caregiver or to discipline the adult. Involuntary seclusion may include placing restrictions on an adult's freedom of movement by restriction to his or her room or a specific area, or restriction from access to ordinarily accessible areas of the facility, residence, or program, unless agreed to by the Individual Support Plan (ISP) team included in an approved Behavior Support Plan (BSP) or included in a brokerage plan's specialized support. Restriction may be permitted on an emergency or short term basis when an adult's presence would pose a risk to health or safety.

5. Neglect including:

Active or passive failure to provide the care, supervision, or services necessary to maintain the physical and mental health of an adult that may result in physical harm or significant emotional harm to an adult. Services include but are not limited to the provision of food, clothing, medicine, housing, medical services, assistance with bathing or personal hygiene, or any other services essential to the well-being of the adult

Failure of a caregiver to make a reasonable effort to protect an adult from abuse.

Withholding of services necessary to maintain the health and well-being of an adult which leads to physical harm of an adult.

6. Physical abuse:

Any physical injury by other than accidental means or that appears to be at variance with the explanation given for the injury.

Willful infliction of physical pain or injury.

Physical abuse is presumed to cause physical injury, including pain, to adults otherwise incapable of expressing pain.

7. Sexual abuse including:

Criminal code sexual offenses, or sexual contact with a nonconsenting adult or with an adult considered incapable of consenting to a sexual act under ORS 163.315.

Sexual harassment, sexual exploitation, or inappropriate exposure to sexually explicit material or language including requests for sexual favors. Sexual harassment or exploitation includes but is not limited to any sexual contact or failure to discourage sexual contact between an employee of a community facility or community program, provider, or other caregiver and an adult. For situations other than those involving an employee, provider, or other caregiver and an adult, sexual harassment or exploitation means unwelcome physical sexual contact and other physical conduct directed toward an adult.

Any sexual contact between an employee of a facility or paid caregiver and an adult served by the facility or caregiver. Sexual abuse does not mean consensual sexual contact between an adult and a paid caregiver who is the spouse or partner of the adult.

Any sexual contact that is achieved through force, trickery, threat, or coercion.

Any sexual contact between an adult with a developmental disability and a relative of the person with a developmental disability other than a spouse or partner. "Relative" means a parent, grandparent, children, brother, sister, uncle, aunt, niece, nephew, half-brother, half-sister, stepparent, or stepchild.

As defined in ORS 163.305, "sexual contact" means any touching of the sexual or other intimate parts of a person or causing such person to touch the sexual or other intimate parts of the actor for the purpose of arousing or gratifying the sexual desire of either party.

8. Wrongful restraint:

A wrongful use of a physical or chemical restraint, excluding an act of restraint prescribed by a licensed physician, by any adult support team approved plan, or in connection with a court order.

Wrongful restraint does not include physical emergency restraint to prevent immediate injury to an adult who is in danger of physically harming himself or herself or others, provided only that the degree of force reasonably necessary for protection is used for the least amount of time necessary.

9. Verbal abuse includes threatening significant physical or emotional harm to an adult through the use of:

Derogatory or inappropriate names, insults, verbal assaults, profanity, or ridicule.

Harassment, coercion, punishment, deprivation, threats, implied threats, intimidation, humiliation, mental cruelty, or inappropriate sexual comments.

A threat to withhold services or supports, including an implied or direct threat of termination of services. "Services" include but are not limited to the provision of food, clothing, medicine, housing, medical services, assistance with bathing or personal hygiene, or any other services essential to the well-being of an adult.

For purposes of this section, verbal conduct includes but is not limited to the use of oral, written, or gestured communication that is directed to an adult or within their hearing distance, or sight if gestured, regardless of their ability to comprehend. In this circumstance the assessment of the conduct is based on a reasonable person standard.

The emotional harm that can result from verbal abuse may include but is not limited to anguish, distress, or fear.

An adult who in good faith is voluntarily under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner shall for this reason alone not be considered subjected to abuse.

Pursuant to the law, your identity as the person making the report is confidential. Further, the law protects you from retaliation from a community facility, community program or individual when you make a report in good faith. You may not be discharged or transferred from one location of an agency to another, terminated from your job, demoted or have your pay lowered, or denied contact with the facility or its residents because you made a good faith report of suspected abuse. If you feel you have been retaliated against, you have the right to seek private legal action. Any agency, program or individual who retaliates against someone because of a good faith report of suspected abuse may be liable to that person for actual damages.

By signing this form, you are acknowledging that you understand the Oregon's mandatory abuse reporting requirements concerning adults with developmentally disabilities. If you do not understand the mandatory abuse reporting requirements, ask to have them explained to you before signing this form.

I received and read this notice about my mandatory abuse reporting obligations.

Print Name: _____

Please sign your name

Today's Date

PLEASE RETURN THIS FORM TO YOUR PROGRAM

OAAPI-Adults w/DD Reporting Notice
Updated 8/2016



Provided by the Office of Adult Abuse Prevention and Investigations for



Personal Support Worker Provider Enrollment Application and Agreement Exhibit A

1. MEDICAID PARTICIPATION

Provider understands and agrees that:

- A. Information disclosed by Provider is subject to verification. This information will be used for purposes related to the administration of the Medicaid program;
- B. Provider will notify DHS of any changes which would affect this Agreement, or payment for services covered by this Agreement, within thirty (30) days of the change;
- C. Provider shall, upon reasonable request by DHS, OHA, Oregon Medicaid Fraud Unit, Oregon Secretary of State's Office, Center for Medicare and Medicaid Services or their agents or designated contractors, grant immediate access to review and copy all records relied on by Provider in support of care and services provided under this Agreement. The term "immediate access" means access to records at the time the written request is presented to the Provider;
- D. Provider is not in violation of any Oregon Tax Laws. For purposes of this certification, "Oregon Tax Laws" means a state tax imposed by Oregon Revised Statutes (ORS) 320.005 to 320.150 and 403.200 to 403.250 and ORS chapters 118, 314, 316, 317, 318, 321, and 323 and the Elderly Rental Assistance (ERA) program under ORS 310.630 and 310.706 and local taxes administered by the Department of Revenue under ORS 305.620.
- E. Provider is not subject to backup withholding because Provider is exempt from backup withholding, has not been notified by the IRS that Provider is subject to backup withholding because of failure to report all interest or dividends, or the IRS has notified Provider that it is no longer subject to backup withholding.
- F. Provider has not and will not discriminate against minority, women or emerging small business enterprises certified under ORS 200.055 in obtaining any required subcontracts.
- G. Provider is not included on the list titled "Specially Designated Nationals and Blocked Persons" maintained by the Office of Foreign Assets Control of the United States Department of Treasury and currently found at:
<https://www.treasury.gov/ofac/downloads/sdnlist.pdf>;
- H. Provider shall at all times, meet required trainings and applicable qualifications, professionally competent to perform work under this Agreement. Failure to complete

trainings or meet the applicable qualifications may result in the inactivation of a provider's enrollment to perform a service.

- I. Any communication or notices from the Provider shall be given in writing via personal delivery, via e-mail, facsimile, or regular mail, postage prepaid, to DHS. Any communication or notice so addressed and mailed by regular mail shall be deemed received and effective five days after the date of mailing; if transmitted by facsimile, it shall be deemed received and effective on the day the transmitting machine generates a receipt of successful transmission if during normal business hours or the next day if after normal business hours; if delivered by e-mail, it shall be deemed received and effective on the day and time noted in the receiving email system; and if delivered by personal delivery, it shall be deemed received and effective when actually delivered and confirmed by telephone to DHS.
- J. All information submitted by Provider in this Agreement is true and accurate. Any deliberate omission, misrepresentation or falsification of any information provided or contained in any communication supplying information to DHS may be punished by administrative or criminal law or both, including, but not limited to, refusal to issue a DHS provider number, revocation of the DHS provider number and recovery of any overpayments.
- K. Provider acknowledges that the Oregon False Claims Act, ORS 180.750 to 180.785, applies to any "claim" (*as defined by ORS 180.750*) that is made by (*or caused by*) the Contractor and that pertains to this Agreement or to the services for which the work pursuant to this Agreement is being performed. Provider certifies that no claim described in the previous sentence is or will be a "false claim" (*as defined by ORS 180.750*) or an act prohibited by ORS 180.755. Provider further acknowledges that in addition to the remedies under this Agreement, if it makes (*or causes to be made*) a false claim or performs (*or causes to be performed*) an act prohibited under the Oregon False Claims Act, the Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against Provider.

2. SERVICES

Provider understands and agrees that:

- A. Provider shall perform services identified in the Recipient's service plan in accordance with the following rules as applicable:
 - 1. OAR chapter 411, division 305 (*Family Support Services*)
 - 2. OAR 411-034-0000 through 411-034-0090 or subsequent rules (*State Plan Personal Care*)
 - 3. OAR chapter 411, division 375 (*Independent Providers Delivering Developmental Disability Services*)
 - 4. OAR chapter 411, division 450 (*Community Living Supports*)
 - 5. OAR chapter 411-435-0050(6) (*Community Transportation*)
 - 6. OAR chapter 411, division 345 (*Employment Services*)

- B. Provider shall not enter into any subcontract or authorize another person to perform the services authorized by this Agreement.

3. PAYMENT

Provider understands and agrees that:

- A. DHS or a Fiscal Management Administration Servicer (FMAS), on behalf of DHS, shall pay Provider for work provided under this Agreement that is authorized for payment and applicable to PSW services. Payments made by DHS from public funds are subject to ORS 293.462. DHS and Provider's obligations with respect to DHS payments to Provider are set forth in OAR chapter 411, divisions 027 and 370; OAR chapter 407, division 120; OAR chapter 410, division 120; and OAR chapter 411, division 375 rules.
- B. Payment received from DHS or a FMAS on behalf of DHS for any service provided under this Agreement is payment in full. Provider shall not make any additional charge to eligible Recipients, or their representative, served under this Agreement except as may be specifically allowed by DHS rules. Payment amount and methodology for making a payment is determined using the procedures described in applicable DHS rules. By accepting payment, Provider certifies compliance with all applicable DHS rules. Provider shall not receive payment for work performed after the expiration or termination of this Agreement.
- C. As a condition of payment, Provider must meet and maintain compliance with this Agreement and payment rules OAR 407-120-0300 through 407-120-1505, OAR chapter 410, division 120, 42 CFR 455.400 through 455.470, as applicable, and 42 CFR 455.100 through 455.106.
- D. Any overpayment made to Provider by DHS or a FMAS may be recouped as authorized by law and in accordance with the applicable Collective Bargaining Agreement including, but not limited to withholding of future payments to Provider.
- E. Payment for PSW services performed is contingent on DHS receiving from the Oregon Legislative Assembly appropriations, limitations, allotments or other expenditure authority sufficient to allow DHS, in its reasonable administrative discretion, to continue to make payments.
- F. Provider is not an officer, employee, or agent of the State of Oregon or DHS and shall not be deemed for any purpose (*other than collective bargaining as provided by State law*) to be an employee of the State of Oregon. The Provider shall perform all work as an employee of an eligible Recipient or the Recipient's representative (*employer*) who is responsible for determining the appropriate means and manner of Provider's performance. The Provider further understands and agrees that Provider is not employed by any CDDP, Brokerage or other DHS contractor and shall not for any purposes be deemed to be an employee of the CDDP, the Brokerage or other DHS contractor regardless of whether one of these entities assists the employer in selecting the Provider or assists in managing the payroll. The employer is responsible

for interviewing and hiring his or her own employees, including Provider. The terms of Provider's employment relationship are the responsibility of the employer.

G. Prior to providing any services to a Recipient, Provider must have established an employment relationship with the Recipient or the Recipient's Representative (*employer*) and both Provider and Provider's employer must be enrolled with the FMAS to be eligible for payment under this Agreement.

H. Provider enrollment and issuance of a Provider number does not constitute a guarantee of work or any minimum amount of work.

4. Duration and termination of Agreement

A. Except for the PSW Job Coach Specialty, this Agreement shall expire on the last day of the month 5 years from the effective date of this Agreement. The PSW Job Coach Specialty shall expire on the last day of the month 2 years from the effective date of this Agreement. If the Provider has met all applicable requirements, the effective date of this Agreement is the date it is signed by the provider.

B. DHS will terminate or inactivate this Agreement if:

1. DHS issues a final order revoking the Provider number based on a finding under termination terms and conditions established in OAR 411-375-0070;
2. The Provider fails to submit timely, complete, and accurate information or cooperate with any screening requirements, unless DHS determines it is not in the best interest of the Medicaid program;
3. The Provider is terminated under Title XIX of the Social Security Act or under a Medicaid program or CHIP program of any State;
4. The Provider fails to submit fingerprints in a form and manner to be determined by DHS within 30 days of a Centers for Medicare & Medicaid Services (CMS) or a DHS request, unless DHS determines it is not in the best interest of the Medicaid program;
5. CMS or DHS determines that the Provider has falsified any information provided on the application or if CMS or DHS cannot verify the identity of the Provider applicant;
6. DHS fails to receive funding, appropriations, limitations, or other expenditure authority at levels that DHS or the specific program determines to be sufficient to pay for the services or items covered under this Agreement;
7. Federal or state laws, regulations, or guidelines are modified or interpreted by DHS in a manner such that either providing the services or items under the Agreement is prohibited, or DHS is prohibited from paying for such services or items from the planned funding source;
8. The Provider no longer qualifies as a Provider. The termination will be effective on the date Provider is no longer qualified; or,
9. The Provider fails to meet one or more of the requirements governing participation as a DHS enrolled provider including the requirement to pass a

background check every two years. In addition to termination or inactivation of the Agreement, the Provider number may be immediately suspended, in accordance with OAR 407-120-0360. No services or items shall be provided to recipients during a period of suspension. And,

10. DHS may terminate this Agreement at any time with written notification to Provider.

C. Provider may terminate this Agreement at any time, subject to specific provider termination requirements in OHA rules, DHS program-specific rules, federal regulations by submitting a written notice in person or by e-mail listing a specific termination effective date. Termination of this Agreement does not relieve the Provider of any obligations for covered services or items provided for dates of service during which the Agreement was in effect. Provider notifications must be submitted a minimum of 60 days prior to the termination effective date and must be sent to the local office and to the ODDS Contracts and Provider Administration Unit at the address below. The Provider and DHS may mutually agree in writing to an immediate termination date or any later date agreed to in writing.

5. Indemnification

PROVIDER SHALL INDEMNIFY AND DEFEND THE STATE OF OREGON, CDDPS, BROKERAGES OR THEIR FISCAL INTERMEDIARIES, THEIR RESPECTIVE AGENCIES AND THEIR OFFICERS, EMPLOYEES AND AGENTS FROM AND AGAINST ALL CLAIMS, SUITS, ACTIONS, LOSSES, DAMAGES, LIABILITIES, COSTS AND EXPENSES OF ANY NATURE WHATSOEVER ARISING OUT OF, OR RELATING TO THE ACTS OR OMISSIONS OF PROVIDER UNDER THIS AGREEMENT.

Contact Sheet -PSW

Creative Supports, Inc.

Brokerage – Ja. & Jo. Counties

Timesheet Corrections, Service Agreement changes, SPA extensions for credential updates, contact/address information changes.

Phone: (541)864-1673

Fax: (541)864-1676

Website: www.creativesupports.org

Main Office: 930 W. 8th Street
Medford, OR, 97501

Grants Pass Office: 125 NE Manzanita Avenue,
Grants Pass, OR, 97526

Oregon Developmental Disability Services.

Policy, PSW Information and resources.

Fax: (503)947-5357

Website: <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/psw-resources.aspx>

Address: 500 Summer Street NE E-15
Salem, OR, 9730

eXPRS (State Billing System)

Technical assistance within the eXPRS system, unlocking eXPRS accounts, system malfunctions, additional resources on contact page (see below)

Website:

<https://apps.state.or.us/exprsWeb/login.do>

Contact Information:

<https://apps.state.or.us/exprsWeb/contactUs.do>

Help Guides:

<https://apps.state.or.us/exprsDocs/>

Public Partnerships, LLC.

ODDS Fiscal Intermediary

Questions about paychecks, missing/stolen checks, direct deposit set up, tax documents, paperwork in relation to establishing employment relationships.

Phone: (888)419-7705 [English]

(888)419-7720 [Spanish]

Fax: (844)399-6593

Contact Email: PPLORFMAS-CS@pcgus.com

Paperwork Email: PPLORFMAS@pcgus.com

Website:

<http://www.publicpartnerships.com/programs/oregon/fmas/index.html>

Better Online Payment Portal:

<https://fms.publicpartnerships.com/PPLPortal/login.aspx>

Oregon Home Care Commission

New PSW Orientation, PSW Training, Worker's Compensation, OHCC Registry Assistance.

Contact Information:

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCC/Pages/HCC-Staff.aspx>

Main Website:

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCC/Pages/index.aspx>

OHCC Registry:

<https://or-hcc.org/Welcome/Login?serviceGroupId=2>

Address: 500 Summer Street NE E-15
Salem, OR, 97301

SEIU 503.

PSW Union

Questions related to union membership, paid time off, and filing complaints.

Phone: (844)503-7348

Local Representative: (541)531-1614

Website: <http://seiu503.org/>

Medical Enrollment:

acahotline@orhomecaretrust.org

Benefits Website:

<http://orhomecaretrust.org>

Benefits Contact: ohcwt@bsitpa.com

How to Get Paid as a Personal Support Worker

A Creative Supports, Inc. guide

Once you have completed your enrollment and signed a Service Agreement, you will be able to submit your supports into eXPRS. PSW are required to get logins set up with eXPRS, so that they can submit their billing in the system. Once the billing entries have been put into eXPRS, an eXPRS-generated timesheet will need to be printed, signed by you and your employer, and submitted to Creative Supports, Inc.

** CSI follows the ODDS State Payroll Calendar for processing PSW timesheets.*

To get an account set up with eXPRS, you will need to complete a User Enrollment Form (UEF) and submit this to eXPRS. *The UEF is located in the application packet and on the eXPRS documents page.* On their documents page (<https://apps.state.or.us/exprsDocs/>), there are several guides on how to get an account set up:

- How to Enroll an eXPRS User
- How to Access Login for the First Time Users

You will need to be comfortable with a computer to enter your time into eXPRS. On their documents page (<https://apps.state.or.us/exprsDocs/>), there are several guides on how to enter your supports into eXPRS:

- Quick Guide for DD PSWs
- How to Create Service Delivery Entries by PSW/IC-PSW Provider
- How to Print PSW Timesheets from eXPRS
- Service Delivered Problem Solving Matrix
- PSW eXPRS Training Videos

When submitting your timesheet to the CSI office for approval, please make sure that:

- The timesheet is signed by BOTH you and your employer. Signatures MUST be properly dated.
- DO NOT use white out or pencil. These are official state documents.
- ANY handwritten corrections to an eXPRS-generated timesheet MUST be initialed by both the PSW and the Employer.
- If any changes need to be made to your timesheet by the CME staff, initial/check the CME authorization on the signature page. These include handwritten corrections to eXPRS-generated timesheets only.
- There needs to be one progress note for each month that is listed on a timesheet. If there are two months listed on the timesheet, there needs to be two separate progress notes.
- Mileage: cannot be used for medical appointments. It HAS to be associated with a paid, hourly support. Mileage can ONLY be used for places within the individual's identified local community. A PSW MUST use their own vehicle (leased or owned), have a current Oregon Driver's License, and up-to-date auto insurance.

Helpful Reminders/Tips around Your eXPRS Login...

A Creative Supports, Inc. Guide

The eXPRS online billing system is a state-managed system that utilizes the disbursement of Medicaid funds, and follows HIPPA regulations around confidentiality. With that, there are measures put into place to prevent information leaking from the system, which includes security measures around logging in. Historically, there have been MANY problems for PSWs around keeping their user account active/logging in, which causes complications with getting paid on time. This means...

Your username and password NEED to be kept private. Don't give this information out to others.

You NEED to remember what your current password is. Keep written records of your username and passwords.

eXPRS requires you to update your password every 60-90 days.

CSI has created a username/password tracking form for your convenience, in the application packet.

You will only get THREE attempts at logging in. After that, your account will get locked. The system unlocks accounts twice per day. HINT:** *Try using the, "Forgot your Password?" option after two failed logins.*

Any account that has not had any activity for 30 days automatically locks.

Login difficulties DO NOT QUALIFY a PSW to turn in a handwritten timesheet, nor does it mean that a PSW can turn the timesheet in late and get paid, "on time."

Here are a few errors we have found when PSWs have difficulties with logging in:

- Allowing your Internet browser to save passwords. DON'T allow your browser to save your password for eXPRS.
- Not putting in the temporary password in correctly (Copy + Paste of the temporary password from the email is suggested, as certain letters/numbers can look VERY similar...0/O...l/I/1...etc.) Make sure there is no extra space at the end when copying.

eXPRS also has several guides on their documents page (<https://apps.state.or.us/exprsDocs/>):

- Appropriate User Access to Information in eXPRS.
- How to Reset Your Password.
- PSW Pro Tip – How to Prevent Lock-Outs

A final note...CREATIVE SUPPORTS, INC. DOES NOT HAVE ANY STAFF THAT CAN UNLOCK EXPRS ACCOUNTS, NOR CAN WE FIX LOGIN COMPLICATIONS. You NEED to contact eXPRS for assistance with your account login.

Updated 6/27/2018

OR FMAS Payment Schedule 2019 Calendar Year

Timesheets Due Date is for eXPRS data entry to be completed and properly completed paper timesheets to be submitted to the CDDP/Brokerage by the PSW. If time entry is done by CDDP/Brokerage due to an exception, the deadline is one business day earlier.

Schedule changes due to holidays are marked with an asterisk (*).

Pay Period		Timesheets Due Date *	Checks Mailed / Direct Deposits Issued
<u>Start</u>	<u>End</u>	<u>Deadline</u>	<u>Payroll Date</u>
Sunday, December 16, 2018	Monday, December 31, 2018	* Friday, January 4, 2019	Wednesday, January 16, 2019
Tuesday, January 01, 2019	Tuesday, January 15, 2019	Friday, January 18, 2019	Thursday, January 31, 2019
Wednesday, January 16, 2019	Thursday, January 31, 2019	Tuesday, February 05, 2019	Friday, February 15, 2019
Friday, February 01, 2019	Friday, February 15, 2019	*Thursday, February 21, 2019	Tuesday, March 05, 2019
Saturday, February 16, 2019	Thursday, February 28, 2019	Tuesday, March 05, 2019	Friday, March 15, 2019
Friday, March 01, 2019	Friday, March 15, 2019	Wednesday, March 20, 2019	Monday, April 01, 2019
Saturday, March 16, 2019	Sunday, March 31, 2019	Wednesday, April 03, 2019	Monday, April 15, 2019
Monday, April 01, 2019	Monday, April 15, 2019	Thursday, April 18, 2019	Tuesday, April 30, 2019
Tuesday, April 16, 2019	Tuesday, April 30, 2019	Friday, May 03, 2019	Wednesday, May 15, 2019
Wednesday, May 01, 2019	Wednesday, May 15, 2019	Monday, May 20, 2019	Friday, May 31, 2019
Thursday, May 16, 2019	Friday, May 31, 2019	Wednesday, June 05, 2019	Monday, June 17, 2019
Saturday, June 01, 2019	Saturday, June 15, 2019	Wednesday, June 19, 2019	Monday, July 01, 2019
Sunday, June 16, 2019	Sunday, June 30, 2019	Wednesday, July 03, 2019	Tuesday, July 16, 2019
Monday, July 1, 2019	Monday, July 15, 2019	Thursday, July 18, 2019	Tuesday, July 30, 2019
Tuesday, July 16, 2019	Wednesday, July 31, 2019	Monday, August 05, 2019	Thursday, August 15, 2019
Thursday, August 01, 2019	Thursday, August 15, 2019	Tuesday, August 20, 2019	Friday, August 30, 2019
Friday, August 16, 2019	Saturday, August 31, 2019	*Thursday, September 05, 2019	Tuesday, September 17, 2019
Sunday, September 01, 2019	Sunday, September 15, 2019	Wednesday, September 18, 2019	Monday, September 30, 2019
Monday, September 16, 2019	Monday, September 30, 2019	Thursday, October 03, 2019	Tuesday, October 15, 2019
Tuesday, October 01, 2019	Tuesday, October 15, 2019	Friday, October 18, 2019	Wednesday, October 30, 2019
Wednesday, October 16, 2019	Thursday, October 31, 2019	Tuesday, November 05, 2019	Monday, November 18, 2019
Friday, November 01, 2019	Friday, November 15, 2019	Wednesday, November 20, 2019	Tuesday, December 03, 2019
Saturday, November 16, 2019	Saturday, November 30, 2019	Wednesday, December 04, 2019	Monday, December 16, 2019
Sunday, December 01, 2019	Sunday, December 15, 2019	Wednesday, December 18, 2019	Tuesday, December 31, 2019
Monday, December 16, 2019	Tuesday, December 31, 2019	* Tuesday, January 6, 2020	Thursday, January 16, 2020

[Oregon Department of Human Services \(/DHS/Pages/index.aspx\)](#) / [Seniors & People with Disabilities \(/DHS/SENIORS-DISABILITIES/Pages/index.aspx\)](#) / [Oregon Home Care Commission \(/DHS/SENIORS-DISABILITIES/HCC/Pages/index.aspx\)](#) / [PSW-HCW \(/DHS/SENIORS-DISABILITIES/HCC/PSW-HCW/Pages/index.aspx\)](#) / Personal Support Worker New Worker Orientation

Personal Support Worker New Worker Orientation

About PSW new worker orientations

All Personal Support Workers (PSWs) are required to complete two orientations within 90 days of receiving their provider number.

1. PSW Orientation may be taken in-person or online. This orientation takes about 3 hours to complete.
2. eXPRS Orientation is only available In-person. This orientation takes about 1.5 hours to complete.

Directions for registering is below.

Online Orientation – requires a computer (do not use a tablet or phone)

An online orientation will require you to have access to a computer, the Internet, and an active email address. The Personal Support Worker Online Orientation is only available on iLearnOregon. iLearnOregon is the State of Oregon's website for online learning.

The online orientation will take about 3 hours to complete. You can stop and start the orientation, you don't have to complete it all at one time. The online orientation has an audio feature if you have a speaker on your computer. If you prefer to read the material instead of listening to it, follow the instructions in the course for this option. Once you have successfully completed the orientation a certificate will be available for printing.

To register for online orientation:

1. **ENGLISH ORIENTATION:** Complete the form located at:
<https://www.surveymonkey.com/r/QLDMGKX>
(<https://www.surveymonkey.com/r/QLDMGKX>). Do not register from your phone or tablet, register using the computer you will be using for the training.
2. After you complete registration, you will see iLearn instructions.
3. Save these instructions on your computer or print them so you can reference them in the future.

In-person Orientations

In-person orientations are available for PSW Orientation and eXPRS Orientation. PSW Orientation takes 3 hours to complete. eXPRS Orientation takes 1.5 hours to complete.

Registration is required for all in-person orientations.

To register for in-person orientations click one of the links below to be brought to a registration page on SurveyGizmo:

- [Register for the ENGLISH Orientation \(https://www.surveygizmo.com/s3/4051955/PSW-and-eXPRS-Orientation\)](https://www.surveygizmo.com/s3/4051955/PSW-and-eXPRS-Orientation)
- [Register for the SPANISH Orientation \(https://www.surveygizmo.com/s3/4074692/PSW-and-eXPRS-Orientation-in-Spanish\)](https://www.surveygizmo.com/s3/4074692/PSW-and-eXPRS-Orientation-in-Spanish)
- [Register for the RUSSIAN Orientation \(https://www.surveygizmo.com/s3/4074707/PSW-and-eXPRS-Orientation-in-Russian\)](https://www.surveygizmo.com/s3/4074707/PSW-and-eXPRS-Orientation-in-Russian)

In-Person Orientation Schedule:

Sort the list below by county or date.

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCC/PSW-HCW/Pages/PSW-Orientation.aspx>

Homecare worker Personal support worker

Homecare workers and personal support workers (as of Jan. 1, 2011) are eligible for workers' compensation coverage for injuries that occur on the job. The Oregon Home Care Commission (OHCC) will facilitate filing workers' compensation claims. SAIF Corporation is your workers' compensation insurance carrier.

What to do if you are injured on the job

How to file a claim:

If you are employed as an Oregon homecare worker or personal support worker and you are injured while performing your duties, you may file a workers' compensation claim. The following simple steps will ensure that your claim is processed correctly.

1. Tell your consumer/employer right away that you were injured while working in his or her home
2. Contact the Oregon Home Care Commission (OHCC) workers' compensation coordinator at 888.365.0001 or 503.378.3099 (Salem)
3. Tell the representative you are a homecare worker or personal support worker and want to file a claim
4. If you seek medical treatment for your work injury, tell the doctor you were hurt on the job. Ask for and complete Form 827 (Identify yourself as a homecare worker or personal support worker on this form)

If you cannot reach the Oregon Home Care Commission, call SAIF at 800.285.8525 and ask for a claim form to be sent by mail. Identify yourself as a homecare worker or personal support worker on this form and return the completed form to:

SAIF Corporation
400 High Street SE
Salem, OR 97306

To protect your rights and help process your claim:

- Report any work injury immediately
- Respond quickly to phone calls and letters from the OHCC workers' compensation coordinator and SAIF requesting information
- Complete and return Form 801
- Sign the medical release form so medical information about your injury can be gathered to process your claim
- Cooperate with efforts by SAIF and the OHCC workers' compensation coordinator to return you to a transitional job if you are unable to perform your normally assigned tasks

IMPORTANT

Filing a claim does not automatically qualify you for workers' compensation benefits.

To file a claim if you are injured on the job:

- 1) Tell your consumer/employer right away that you were injured
- 2) Contact: **Oregon Home Care Commission workers' compensation coordinator**
Phone: 888.365.0001 or 503.378.3099 (Salem)
- 3) Identify yourself as a **homecare worker or personal support worker**
- 4) If you seek medical treatment, tell the doctor you were hurt on the job. Identify yourself as a **homecare worker or personal support worker** and let your medical provider know that your insurance carrier is SAIF.

If you are unable to reach OHCC workers' compensation coordinator, please contact **SAIF Corporation at 800.285.8525**





Oregon

Kate Brown, Governor

Department of Human Services
Office of Developmental Disabilities Services
500 Summer St. NE E-09
Salem, OR 97301-1073
Phone: 503-945-5600
TTY: 503-945-6214

This message is to notify Personal Support Workers about the launch of a pilot in your area for Electronic Visit Verification (EVV).

EVV is part of a federal law that was passed by Congress in 2016. It requires states to verify the delivery of Medicaid-funded Attendant or Personal Care services in real time (at the time the service is occurring) from providers.

You are receiving this message because you work for an individual in the area that has been chosen to pilot the eXPRS Mobile-EVV. Personal Support Workers working for an individual enrolled in services with either **Jackson County Community Developmental Disabilities Program (CDDP)** or **Creative Supports Inc. brokerage** are required to participate in the pilot, which starts **Feb. 1, 2019**.

The pilot will help the Office of Developmental Disabilities Services (ODDS) identify and resolve issues before rolling out eXPRS Mobile-EVV statewide later in 2019.

The pilot is only for Personal Support Workers who provide the following Attendant or Personal Care services:

- OR526 – Attendant Care
- OR526/ZE – Attendant Care 2:1 staff
- OR507 – Daily Relief Care
- OR502 – State Plan Personal Care

EVV will work on smart phones and tablets that can access the eXPRS website. eXPRS will be changed to have a website made especially for phones and tablets. There will be orientations to help PSWs learn how to use this new part of eXPRS.

Further information and instructional material is available at the following website: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/evv.aspx>

For those PSWs in the EVV Pilot who do not have access to a smartphone or tablet or who work in an area that does not have Internet access, please notify your authorizing case management entity (CDDP or brokerage). This will enable ODDS to gather more information for completion of the exception policy.

Para ver esta información en español, visite

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/evv.aspx>

Если вы желаете ознакомиться с этим уведомлением на русском языке, посетите веб-сайт

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/evv.aspx>

如果您需要这些信息的简体中文版，请登录网站：

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/evv.aspx>

Nếu quý vị cần có thông điệp này bằng tiếng Việt, lui lòng truy cập:

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/evv.aspx>

For more information and to subscribe to get the latest updates:

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/evv.aspx>