

Personal Support Worker

TRANSFERRING INTO BROKERAGE PACKET

This packet is only for those individuals who have already become a Personal Support Worker with Oregon Developmental Disability Services at a different Case Management Entity, and have already been issued an SPD Provider ID number.

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) Transfer Packet.

This packet includes all of the necessary forms for a current PSW, who already has an SPD Provider ID number, and has worked with a different Case Management Entity, to become registered at Creative Supports, Inc.

If you do NOT have an active SPD Provider ID number, this packet DOES NOT apply to you. You will need to start with reading through the PSW Information Packet, located at our office and at www.creativesupports.org

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 Transfer Packet

1. **Setup Checklist for Transfer Personal Support Worker:** The process of being a PSW can be quite complex. This checklist is helpful in tracking your enrollment at CSI..... **pg. 1**
2. **Contact Information:** This form provides us with basic, necessary contact information for you as a PSW. It helps provide us with a way of contacting you. Complete and return to Creative Supports, Inc. office..... **pg. 2**
3. **Qualified Personal Support Worker Agreement:** This is an agreement to sign with Creative Supports, Inc. that demonstrates that you understand what qualifies you to start working as a Personal Support worker. Complete and return to Creative Supports, Inc. office..... **pg. 3**
4. **Criminal History Check:** These are the required forms and instructions for getting a background check started. This allows Creative Supports, Inc. to have copies of your CHC approval notice. Complete and return to the Creative Supports, Inc. office, in person, with photo ID..... **pg. 4-11**
5. **Mandatory Abuse Reporting Instructions:** This form documents that you have received information on Mandatory Abuse Reporting. All PSWs must understand their role and act as mandatory abuse reporters when working with I/DD individuals. Complete and return to Creative Supports, Inc. office **pg. 12-17**
6. **Consent to Retain Copies of Confidential Documents:** This identifies your recognition of CSI's need to collect and retain certain forms of confidential identification. Complete and return to the Creative Supports, Inc. office..... **pg. 18**
7. **Personal Support Worker Public Partnerships, LLC Request Form:** Before you can start working as a PSW, it is important that the employment relationship between you and your employer is properly established, so that you can get paid. This form initiates the process of establishing an employment relationship through the state systems. Complete and return to the Creative Supports, Inc. office..... **pg. 19**
8. **Cheat Sheet for PPL Process – Connecting PSW with Client:** This outlines the process of establishing your employment relationship with your employer through PPL..... **pg. 20**
9. **PSW Contact Sheet:** This sheet provides you with the primary contacts needed as a PSW, and gives direction on who/when to call..... **pg. 21**
10. **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. 22**
11. **Helpful Reminders/Tips around Your eXPRS Login:** This guide gives information and tips on how to be most successful with your user account..... **pg. 23**
12. **PSW eXPRS Login Tracking Form:** This is a courtesy form that gives you the opportunity to track your eXPRS username and passwords..... **pg. 24**

Setup Checklist for Transferring Personal Support Worker

This checklist is helpful in tracking your enrollment as a PSW at Creative Supports

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"/>	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

Contact Information

PERSONAL SUPPORT WORKER CONTACT INFORMATION FORM			
Name:		Birthdate:	
Home Phone:		Cell:	
Physical Address:			
City:	State:	ZIP Code:	County:
Mailing Address:			
City:	State:	ZIP Code:	County:
Email:			
SIGNATURE VERIFICATION			
I authorize the verification of the information provided on this form is accurate.			
Signature of Employee / PSW:		Date:	

Qualified Personal Support Worker Agreement

Creative Supports, Inc.

*** Sign and return to Creative Supports, Inc. office. ***

Before you can start working, you must:

1. Complete and pass the Criminal History Records Check. Prior to working, confirmation must be received by our office that you are authorized to work. This process can take between 4-10 weeks.
2. Complete the Provider Enrollment Application and Agreement form, submit to the DHS office, and be issued an SPD Provider ID number.
3. Be qualified to work in the United States (*See IRS Form I-9*)
4. Be a Mandatory Abuse Reporter.
5. Present copies of any license or certificates that you are required to have for this job (documents required by the State of Oregon or the County Developmental Disability Office).
6. If driving is a part of your job, you need to submit copies of your valid Oregon Driver’s License and **current** proof of auto insurance.
7. Complete employment enrollment through Public Partnerships, LLC. and have a good-to-go employment relationship.
8. Sign a Service Agreement created by the individual’s Personal Agent.

Oregon Administrative Rules (OAR) state that Seniors and People with Disabilities (SPD) dollars **cannot pay for any work** done by employees until they have complied with all of the above steps.

Because you are paid with public funds, these rules must be followed. Support Service funds will not be used to pay for services provided by an unqualified employee.

I, _____ (print name) agree that I will not work for an individual receiving support services through Creative Supports, Inc. without passing a Criminal History Check, being issued an ODDS SPD Provider ID number, showing proof of my ability to work in the United States, and a signed Service Agreement. I will act as a mandatory abuse reporter, understanding my role in supporting this protected population by reporting all suspected abuse and neglect. I will respect the confidentiality of the individual and my employer.

If I work before clearing a criminal history check and being qualified, I understand that I will not be paid through support service funds.

Print Name: _____ **Date:** _____

Signature: _____



SHARED SERVICES
Background Check Unit



BACKGROUND CHECK REQUEST (MSC 0301QED)

This form is to be used to assist in gathering information to be entered into the CRIMS system.

The instructions for the Qualified Entity Designee (QED) are available separately in form MSC 0301 QEDi.

The instructions for the Subject Individual (SI) are attached to this form and must be given to the SI.

Section 1 — Information needed by the QED to complete the “Create New” page in CRIMS:	
1. QE (agency) name:	
2. QED name:	
3. Application type in CRIMS to use: <i>App type determined by the SI's position, whether SI is paid (employee or contractor) or not paid (volunteer, student, or household member of a home, etc.). Select from the app types available to the QED in CRIMS.</i>	
4. Start date for position (mm/dd/yyyy):	
5. Position title (indicate the specific position title for the SI; do NOT use “new hire,” “volunteer,” or “intern”):	
6. Description of duties (provide specific details of what the position requires):	 <hr/> <hr/>
7. Position requires direct contact with (select all that apply):	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Seniors (65 years and older) <input type="checkbox"/> Confidential information <input type="checkbox"/> Secure facilities <input type="checkbox"/> Finances/financial records <input type="checkbox"/> Information technology systems
8. Do the duties require driving? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Type(s) of documents checked to verify identity (check all that apply), then initial: _____	<input type="checkbox"/> Driver's license or state ID <input type="checkbox"/> Social Security card <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____
10. Worksite location(s)/address(es) for this position (include all locations if multiple, or “various”):	 <hr/> <hr/>

Complete Section 1; then give the SI pages 2–3 to complete WITH pages 5–8 Instructions.

Instructions for this form are on pages 5–8. If not received, contact the agency where you are applying.

Section 2 — To be completed by the SI. READ INSTRUCTIONS CAREFULLY.

11. Individual name (*last/first/middle*):

12. Social Security number (*optional*):

13. Date of birth (*mm/dd/yyyy*):

14. Email address:

15. Gender: Female Male
 Unknown or not specified

16. Driver license or ID:

State:

Number:

17. Aliases/other names used:

18. Check only if you prefer correspondence be sent to your residential or mailing address (*rather than an email address*).

19. Residence street address:

City:

State:

ZIP code:

Mailing address: Same as residence

City:

State:

ZIP code:

20. Home phone:

Mobile phone:

21. During the last five (5) years, have you been outside of Oregon for 60 days in a row or more?
 Yes No **If yes**, complete the following for each residence in the past five (5) years:

Date (<i>mm/dd/yy</i>)		City:	State:	Country:	Name(s) used at this residence:
Start:	End:				

22. Have you ever been charged, arrested, adjudicated and/or convicted of a crime? Yes No
If yes, list all charges, arrests, adjudications and/or convictions (*adult and juvenile*) and the outcome, regardless of how long ago. Attach additional pages as needed.

Date (<i>mm/dd/yyyy</i>):	Charge, arrest or conviction (<i>list actual crime, like Theft II</i>):	Outcome (<i>e.g., conviction, dismissal</i>):	City:	County:	State:

For each arrest, charge, adjudication or conviction you list, attach extra pages and provide as much information as possible regarding the incident and outcome.

Instructions for this form are on pages 5–8. If not received, contact the agency where you are applying.

Section 2 — To be completed by the SI (continued)

23. If you have potentially disqualifying convictions or conditions, the BCU must consider several factors to determine the risk of vulnerable individuals and your fitness to hold the position. Please provide any information about the details of your potentially disqualifying history, yourself, your training, education, work history, treatment and circumstances since your potentially disqualifying history that you want the BCU to weigh. Add additional pages as needed.

24. Signature of SI Authorizing Background Check Process and Release of Information

I have been provided pages 5-8 of this background check request form and have read and understand the instructions given there.

My submission of this form with my signature authorizes the Background Check Unit (BCU) to initiate a criminal records check, which may include a national criminal records check requiring fingerprints, and to receive the results from Oregon State Police and the FBI. I understand that BCU will complete an abuse check on me. Any information from these checks may be shared with a qualified entity designee at the facility or licensing authority associated with this application.

My submission of this form with my signature authorizes BCU to request and receive any juvenile, police, court or investigation reports needed to complete this background check. In the event BCU discovers potentially disqualifying convictions or conditions, including abuse, BCU may notify me at the address or email I have given to request additional information.

My submission of this form with my signature authorizes BCU to release information given in this background check request or position information to any criminal justice agency or investigative body as needed for investigation, outstanding warrants or supervision requirements.

I authorize BCU to process this background check request. I certify that all statements I have made are currently accurate. I understand that I need to disclose any new information that occurs after I submit this form while the background check is still pending. I understand that if I provide false or incomplete information, my application may be closed or I may be denied the position. I understand the background check may be repeated any time while I hold the position for which this check is being done.

SI signature: _____ Date: _____

Instructions for this form are on pages 5–8. If not received, contact the agency where you are applying.

Section 3 — Information to be completed by the QED on the “SI Summary Page” in CRIMS

25. Has the SI disclosed any adverse criminal history occurring within the past five (5) years?
 Yes No

If the answer is yes, you MAY NOT hire the SI on a preliminary basis pending the final fitness determination.

If the answer is no, you may hire the SI on a preliminary basis pending the final fitness determination, if allowed by your agency’s licensing program rules. The SI must be actively supervised in accordance with OAR 407-007-0315.

SI being hired on a preliminary basis? Yes No

I request an expedited review for hiring on a preliminary basis. The BCU may complete a preliminary fitness determination if fingerprints are required for this SI.

26. The SI has disclosed (*check all that apply*):

- Out-of-state driver license/state ID card
- Out-of-state residence
- Out-of-state residence within the past five (5) years
- Criminal history in Oregon or any other jurisdiction

If any of the above is checked or if you have reason to believe that the SI’s identity needs to be confirmed, fingerprints are required for this SI regardless of whether this is an initial application or a recheck.

27. QED signature:

Date:

Section 3 (page 4) to be completed by QED. Pages 5–8 are instructions for the subject individual.

All documents related to this background check request (*including this form*) should be scanned and attached to the CRIMS record using the **add/edit documents** button on the SI summary page.

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

Consent to Retain Copies of Confidential Documents Creative Supports, Inc.

I, _____ (print name) authorize Creative Supports, Inc. (CSI) to maintain confidential information such as, but not limited to, a copy of my driver's license and proof of auto insurance. I understand that this information will be used as a part of the evidence of my qualifications to provide Medicaid funded services to individuals who may choose to employ me as their Personal Support Worker.

I further agree to provide updates to all of my information at this office, to assure that my qualifications are maintained accurately and current as required by Medicaid. I understand that updating my information at the CSI office does not mean that my information will be updated with all state entities.

Signature: _____

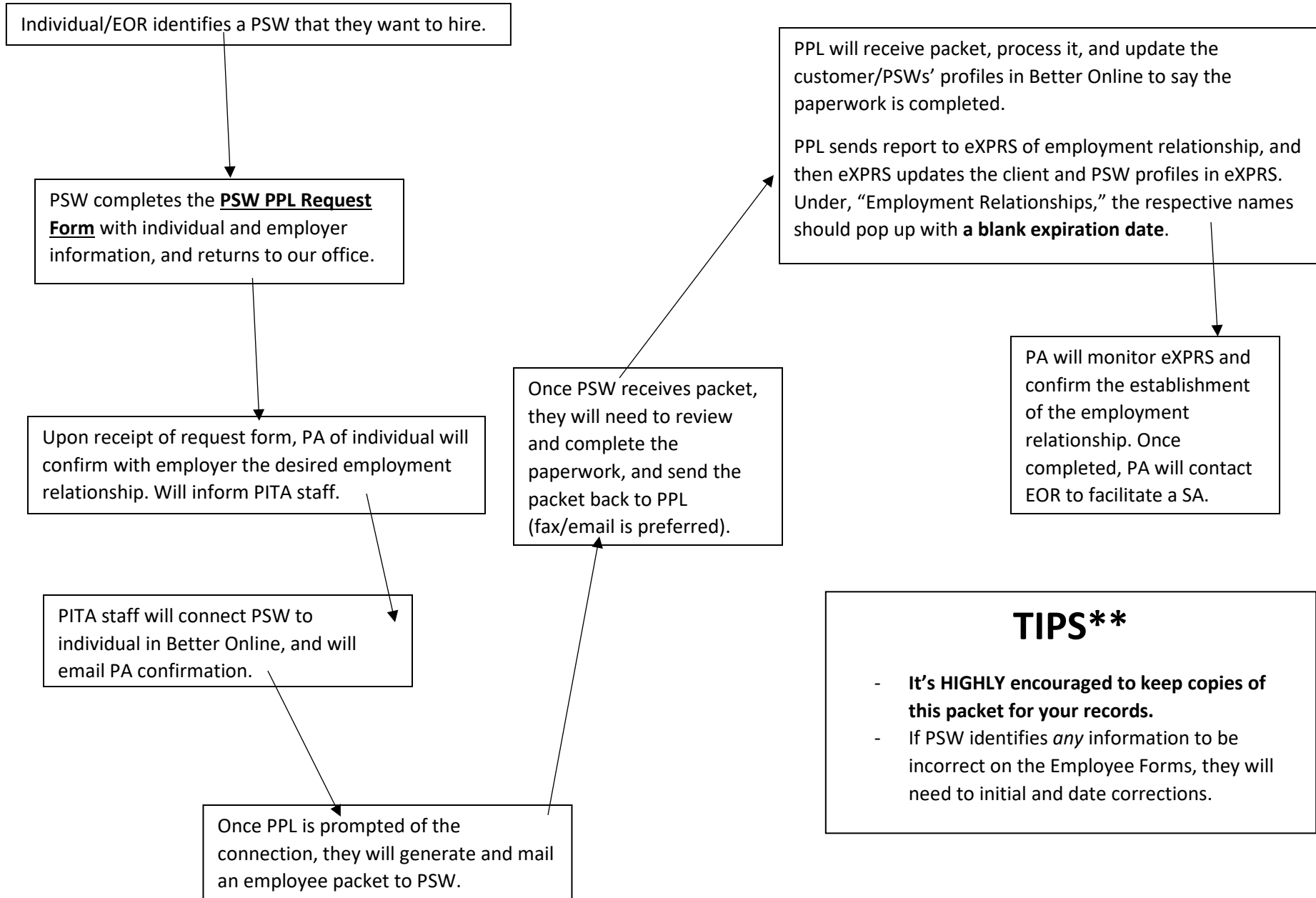
Date: _____

PERSONAL SUPPORT WORKER

Public Partnerships, LLC. Request Form

<i>REQUIRED IF BEING HIRED BY CUSTOMER AND COMMON LAW EMPLOYER</i>			
Employee Information			
Name:		SPD Number:	
Date of birth:	SSN:	Phone:	
Physical Address:			
City:	State:	ZIP Code:	County:
Mailing Address:			
City:	State:	ZIP Code:	County:
Email:			
PROPOSED CUSTOMER / EMPLOYER INFORMATION <i>(if known)</i>			
Customer Name <i>(May be different than Employer):</i>			
Employer Name:			
SIGNATURE VERIFICATION			
I authorize the verification of the information provided on this form is accurate.			
Signature of Employee / PSW:		Date:	

CHEAT SHEET FOR PPL PROCESS – CONNECTING PSW WITH CLIENT



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



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

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/l/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.

PSW eXPRS Username/Password Tracking Form

A Creative Supports, Inc. Guide

Username: _____

eXPRS email: _____

Password: _____

Verification Answer: _____

Date of Change	
Updated Password	
Verification Answer	

Date of Change	
Updated Password	
Verification Answer	

Date of Change	
Updated Password	
Verification Answer	

NOTE: Creative Supports, Inc. staff CANNOT assist you with your username and password. Any login difficulties need to be taken to eXPRS (844-874-2788, info.eXPRS@state.or.us).

Refer to, "Helpful Reminders/Tips around Your eXPRS Login..." for additional information.



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>