

# New PSW Enrollment Packet

**\*ID Required. Return in-person**

<input type="checkbox"/> Demo	Received:	
<input type="checkbox"/> PEAA	Received:	
<input type="checkbox"/> CHC	Received:	
<input type="checkbox"/> 0550	Received:	

**\*Keep PSW Enrollment Flow Chart and Resource List for reference (last 6 pages).**

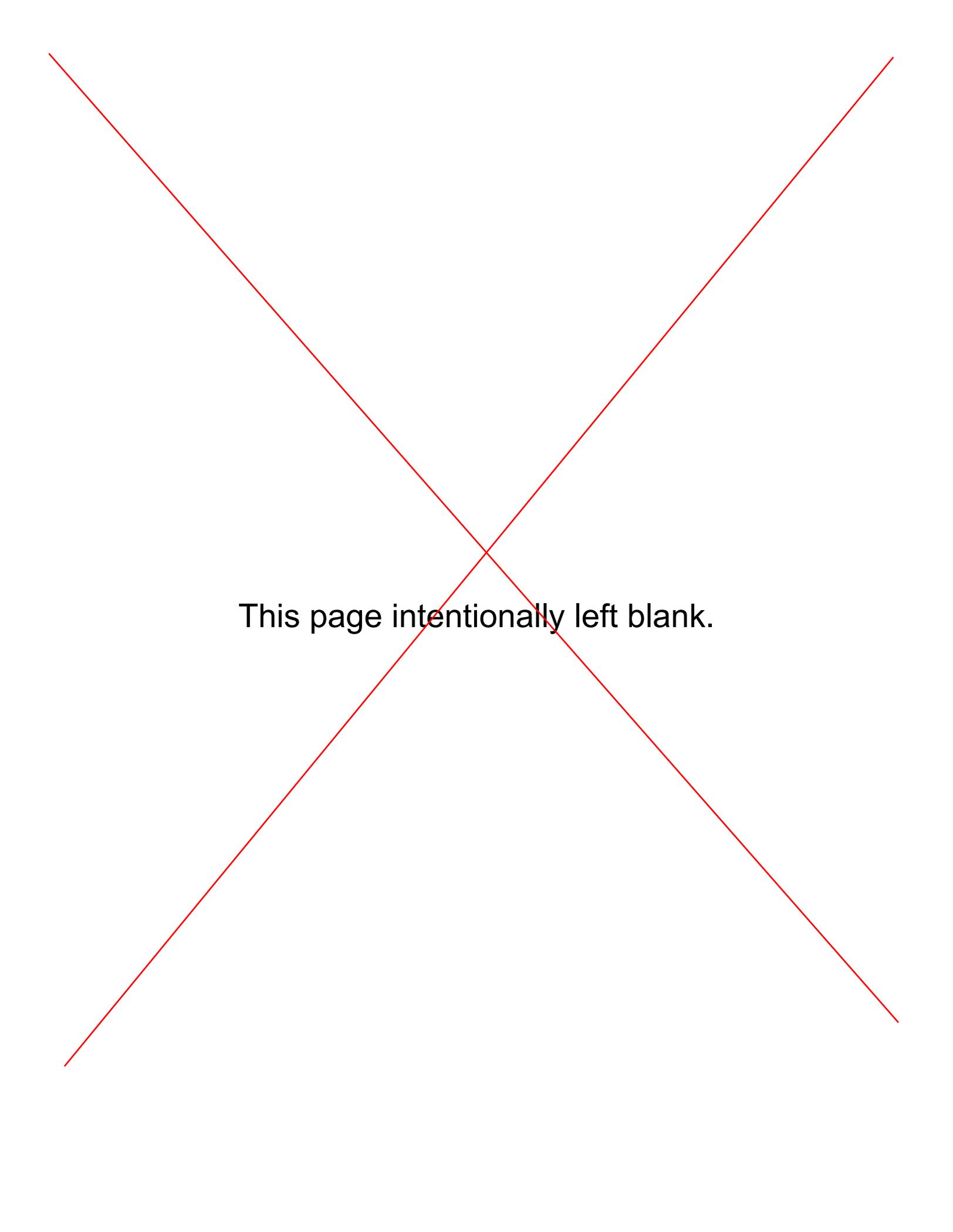
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# PSW (PERSONAL SUPPORT WORKER) DEMOGRAPHIC FORM

**\*REQUIRED**

<p>* CHECK ALL THAT APPLY:</p>	<input type="checkbox"/> NEW APPLICANT <input type="checkbox"/> ADD CLIENT <input type="checkbox"/> NO CLIENT	<input type="checkbox"/> UPDATE DEMOGRAPHICS/INFORMATION <input type="checkbox"/> CRIMINAL HISTORY CHECK RENEWAL
PREFERRED LANGUAGE: ENGLISH ___ SPANISH ___ OTHER: _____		
PSW eXPRS SPD PROVIDER NUMBER (Current PSW Only): _____		
* LAST NAME: _____		* FIRST NAME: _____
* MAILING ADDRESS: (Street, City, State, & Zip Code)		
* EMAIL ADDRESS: _____		
* PHONE NUMBER: _____		
* DATE OF BIRTH: _____		* SOCIAL SECURITY NUMBER: _____
* CLIENT/INDIVIDUAL NAME: _____		* CLIENT DOB AND AGE: _____
* RELATIONSHIP TO CLIENT/INDIVIDUAL:		<input type="checkbox"/> PARENT <input type="checkbox"/> NOT RELATED
* ARE YOU CURRENTLY AN AGENCY PROVIDER? <input type="checkbox"/> No <input type="checkbox"/> Yes		* ARE YOU A STATE OF OREGON EMPLOYEE? <input type="checkbox"/> No <input type="checkbox"/> Yes
IF SO, WHAT AGENCY: _____		IF SO, WHAT DEPARTMENT: _____
* EMPLOYER NAME: _____		

DATE STAMP:



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## Background Check Information Form

**Please bring this completed form and current ID/DL with you to our front desk**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix: (circle one) Sr, Jr, III, IV, V

Gender:  Male  Female  Other \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please note this is voluntary, but required for portability)

Email: \_\_\_\_\_

Permanent/Physical (Address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Check if mailing address is Mailing address (only if different from permanent/physical) \_\_\_\_\_  
 Same as permanent/physical address \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Type: (circle one) Home – Mobile – Office – Message

### Prior Names and Aliases / Prior out of State Addresses

- The subject individual reports s/he has no other names or aliases. *(If applicable see back side)*
- The subject individual reports that s/he has not lived out of State during the past 5 years for more than 60 days *(If applicable see back side)*

### Verify Identity:

ID/DL Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Issuing State/Authority: \_\_\_\_\_

I authorize Marion County to initiate this background check request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the Authorization and Disclosure that will be E-MAILED to you from [bcu.orchards@odhsoha.oregon.gov](mailto:bcu.orchards@odhsoha.oregon.gov). Once the form has been entered and completed the background check will begin. If not completed and returned within 7 days the background check will close and you will need to restart the process.**

(Only if applicable)

**Prior Name and Aliases**

*Prior Names and Aliases, including maiden names, married names, name changes, and any name the subject individual has used or been known by. Required for the background check to be complete and accurate.*

Name: _____	Last name: _____	Middle name: _____
Social Security #: ____ - ____ - ____	Date of Birth: ____/____/____	

Name: _____	Last name: _____	Middle name: _____
Social Security #: ____ - ____ - ____	Date of Birth: ____/____/____	

**Previous Addresses**

*Enter all addresses you have lived out of the state during the specified time frame.*

City: _____	State: _____	Zip code: _____	Year from: _____	Year to: _____
City: _____	State: _____	Zip code: _____	Year from: _____	Year to: _____
City: _____	State: _____	Zip code: _____	Year from: _____	Year to: _____

## Background Check Request - **INFORMATIONAL**

### **Purpose only** - 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 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.

## Personal Support Worker (PSW) Provider Enrollment Application and Agreement (Revised 08/01/2018)

This Provider Enrollment Application and Agreement (*Agreement*), sets forth the conditions and agreements for being enrolled as a Medicaid Personal Support Worker (*Provider*) with the State of Oregon Department of Human Services (DHS), Office of Developmental Disabilities Services (ODDS), and to receive a Provider number to receive payment for services furnished by the Provider to approved Medicaid eligible individuals (*Recipients*) in Oregon. Payments for services are made using federal Medicaid and state funds.

### Type of action requested

New enrollment       Renewal or re-enrollment

### Provider type requested (*mark all that apply*)

Note: All new and renewing providers will be enrolled as Personal Support Workers (84-803). Please only check those **additional** provider types which apply to your enrollment.

**Legal name (*first name, middle initial, last name as listed on your current SSN card*):**

- 
- PSW Children Intensive In-Home Services (84-801)  
 PSW State Plan Personal Care (84-800)  
 PSW Employment Job Coach (84-809)\*

\*PSWs enrolling as a **Job Coach (84-809)** must have the appropriate training required in Oregon Administrative Rule (OAR) 411-345-0030 prior to enrollment and must submit training documentation with this application. Job Coach enrollment is good for two years only and must be renewed separately from this agreement.

**Provider Information (Required)**

- Disclosure of Social Security Number **is required** pursuant to 41 USC 405(c)(2)(C)(i) to establish identification, 42 CFR 455.104 and 455.436 for exclusion verification and 26 CFR 301.6109-1 for the purpose of reporting tax information. DHS may report information to the Internal Revenue Service (IRS) and the Oregon Department of Revenue under the name and Social Security Number (SSN) provided below.

**Do not leave any area of this section blank, failure to fully complete will result in the denial of your application. Put "N/A" for any area that is not applicable.**

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP code (+4): \_\_\_\_\_ County: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code (+4): \_\_\_\_\_

County: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Have you been convicted of a criminal offense related to your involvement in any program under Medicare, Medicaid or the Title XXI Services Program since the inception of those programs?  Yes  No

Have you been terminated or excluded from participation as a provider in Medicare or any state Medicaid or Children's Health Insurance Program (CHIP) program?  Yes  No

I do not have an existing Medicare, Medicaid, CHIP, or Oregon DHS Provider Number

I have an existing Medicare, Medicaid, CHIP, or Oregon DHS Provider Number (list below):

**Submitting Agency Information (optional)**

Marion County Intellectual and Developmental Disabilities

Submitting Brokerage/CDDP/CIIS

ddprocessing@co.marion.or.us

Submitting Brokerage/CDDP/CIIS contact email

## **AGREEMENT:**

This Agreement sets forth the relationship between the State of Oregon, Department of Human Services (DHS), Office of Developmental Disabilities, Oregon Health Authority (OHA), and the Provider regarding payment by DHS or entities funded and authorized by DHS to pay for prior-authorized publicly funded in-home services provided to an eligible Recipient.

**Please review this Agreement carefully before signing. It outlines your obligations as a Medicaid Provider in the State of Oregon. Failure to follow this Agreement may result in the termination of your Provider number.**

### **1. Compliance with applicable laws:**

Provider understands and agrees:

- a. Provider shall comply with federal, state and local laws and regulations applicable to items and services under this Agreement, including but not limited to Oregon Administrative Rules (OAR) 407-120-0325.
- b. That if any term or provision of this Agreement is declared by a court to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected. The rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the term or provision held to be invalid.
- c. That failure to comply with the terms of this Agreement or any applicable DHS rules may result in termination, inactivation, or payment recovery, subject to provider appeal rights, pursuant to OAR 411-375-0070 and 411-375-0080.
- d. Provider is a Mandatory Reporter per ORS 419B.005 to 419B.050 and ORS 124.050 to 124.095.
- e. If Provider provides transportation services, Provider shall comply with all applicable licensing, certification and regulatory requirements as set forth by Federal and State statutes, regulations and insurance requirements identified in OARs necessary to provide Community and Employment-Related Transportation Services as a condition for receipt of payment for such services.

2. **Recipient eligibility:** Provider will be paid pursuant to this Agreement, the Collective Bargaining Agreement between the Oregon Home Care Commission (OHCC) and Services Employees International Union (SEIU), Local 503, and applicable administrative rules in effect on the date of service for services to a Recipient who has an eligible service plan that has been approved by DHS or an entity authorized to approve services through a contract with DHS. Any payment made for services provided outside of the service plan or payment for services in excess of the approved service plan or payment for services to ineligible Recipients are considered overpayments and are the sole responsibility of the Provider and shall be repaid to DHS if such payments have been made by DHS.

3. **Recordkeeping; access; confidentiality of Recipient's records:**

Provider understands and agrees that:

a. **Recordkeeping:**

- i. Provider shall maintain such records (e.g. timesheets, incident reports (IR's), and progress notes) as are necessary to fully disclose the specific care and services provided to an eligible Recipient served under this Agreement for which reimbursement is claimed, in compliance with applicable administrative rules.
- ii. Provider is responsible for the completion and accuracy of financial and clinical records and all other documentation regarding the specific care and services for which payment has been requested.
- iii. Provider shall retain and keep accessible all records described above in 3(a)(i) for the longer of: six years following final payment and termination of this Agreement; any period as required by applicable law, including retention schedules set forth in OAR chapter 166, division 150; or until the conclusion of any audit, controversy, or litigation arising out of or related to this Agreement.

b. **Access:** All financial and timekeeping records and all other documentation pertaining to services rendered under this Agreement shall be made available to DHS, OHA, the Recipient's case managing Community Developmental Disability Program (CDDP), Recipient's brokerage, Children's Intensive In-Home Services (CIIS), Oregon Department of Justice Medicaid Fraud Unit, the Oregon Secretary of State's Office and the federal government, and their duly authorized representatives to examine, audit and make copies upon demand.

c. **Confidentiality:** A Recipient's records are confidential and may be given only to the Recipient, or to others with the prior written consent of the Recipient, the Recipient's legal guardian, or other person acting with power of attorney for the Recipient and in compliance with all applicable state and federal law requirements, or the entities named in the above Access section, or for purposes directly connected with the administration of the public assistance laws and this Agreement.

4. **Active enrollment:** By signing this Agreement, the Provider agrees Provider is available and able to provide services to one or more Recipients who are eligible for publicly-funded in-home services in Oregon. This Agreement may be inactivated if services are not authorized or paid during a twelve-month period. Following inactivation, the Provider may reapply for enrollment as a PSW if Provider wants to provide services to DHS Recipients.

5. **Eligibility and continued participation:** Eligibility and continued participation as a PSW is conditioned on Provider's execution and delivery of this Agreement, any required certifications or trainings and the continued accuracy of that information. Provider must continue to meet all the eligibility requirements as stated in OAR 411-375-0020, subject to verification by DHS.
6. **Provider suspensions and payment recovery:** Failure to comply with the terms of this Agreement, ODDS rules, DHS and OHA rules, or failure of the application to be accurate in any respect, may result in inactivation of the Medicaid provider number, termination of this Agreement, and/or payment recovery pursuant to OAR chapter 411, division 375 and OAR chapter 407, division 120 rules.
7. **Statewide Registry and Referral System:** The Oregon Home Care Commission has an internet-based, statewide Registry and Referral System (RRS) to assist Recipients in finding qualified in-home providers. Provider understands that if Provider agrees to be referred to prospective client-employers (*Recipients*) through the RRS, Provider's contact information (*name, phone number, and provider number*) will be released to anyone seeking in-home services, and that if Provider does not want Provider's contact information disclosed, Provider will not be eligible for referral to prospective Recipients.

**8. Provider signature**

I have read the forgoing Provider Enrollment Application and Agreement and the attached Exhibit A and any endorsement addendums, understand it and agree to abide by its terms and conditions. I further understand and agree that violation of any of the terms and conditions of this Agreement constitute grounds for termination of this Agreement and may be grounds for other sanctions as provided by statute, administrative rule, or this Agreement.

**Print name of provider:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of provider**

\_\_\_\_\_  
**Signature/Effective date**

## **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.**

Return completed document to:

DD Processing  
Marion County Health & Human Services  
3180 Center St NE, Suite 2100  
Salem, OR 97301  
503-576-4593

Email: [ddprocessing@co.marion.or.us](mailto:ddprocessing@co.marion.or.us)

Fax: 503-576-4593

NOTE: [This form may contain your personal information. If you return the form by unsecured email, there is some risk it could be intercepted by someone you did not send it to.](#)

[If you are not sure how to send a secure email, consider using regular mail or fax.](#)

## Developmental Disabilities Employer/Personal Support Worker/ Domestic Employee Information

Employer/participant profile	
Name:	Date of birth:
Mailing address:	Phone number:
Physical address:	Services coordinator (Case worker):
Client & Prime:	Services coordinator (Case worker) phone number:

Personal support worker/domestic employee profile	
Name:	Social Security Number:
Provider Number:	Date of Birth:
Street Address:	Phone Number:
City, State ZIP:	Email:

Program: 49, 150, 151, or PC 20			
New hire: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Original hire date:	Hourly wage rate:	Monthly wage (if applicable):
Name of brokerage/CDDP: Marion County I/DDS		Start date:	End date:
<p style="color: cyan;">Please check the types of services provided by this employee. Please see details for each of the areas on the next page.</p>	<input type="checkbox"/> Community living supports <input type="checkbox"/> Homemaker/chore services <input type="checkbox"/> Non-medical transportation <input type="checkbox"/> Community inclusion supports <input type="checkbox"/> Other:	Shift during work days:	
		From: <span style="float: right;"><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</span>	
		To: <span style="float: right;"><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</span>	
		Regular scheduled days off:	
		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	

**RETURN COMPLETED DOCUMENT TO:**  
 Marion County Health & Human Services  
 Intellectual/Developmental Disabilities  
 3180 Center St Salem, OR 97301  
 Email: [DDPRocessing@co.marion.or.us](mailto:DDPRocessing@co.marion.or.us)  
 Fax: 503-576-4593

Please check all of the services that your employee will provide. If an approved activity is not included, please write in the service in the "Other services provided" column.

Community living supports	Employee	Homecare/ chore services	Employee	Non-medical transportation (please check all that apply)	Employee	Community inclusion supports (List a sample of activities in the box below)	Employee	Other services provided by your employee (write in)	Employee
Eating	<input type="checkbox"/>	Giving and setting up medications	<input type="checkbox"/>	Drives your vehicle	<input type="checkbox"/>	Activities supporting independence and community inclusion	<input type="checkbox"/>	<b>Create &amp; Submit Service Delivered Entries (hours worked) using online eXPRS system.</b>	<input checked="" type="checkbox"/>
Bathing	<input type="checkbox"/>	House-keeping chores	<input type="checkbox"/>	Escorts you in your vehicle	<input type="checkbox"/>	Individual choice of activities	<input type="checkbox"/>		<input type="checkbox"/>
Dressing	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Escorts you on public transportation	<input type="checkbox"/>	Respite Services	<input type="checkbox"/>		<input type="checkbox"/>
Personal hygiene	<input type="checkbox"/>	Special diet/meal preparation	<input type="checkbox"/>	Drives you in their car	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Mobility	<input type="checkbox"/>	Shopping	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Socialization	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Community participation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Communication	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Personal environmental skills	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Employee signature

Date

Employer/representative signature

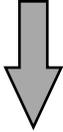
Date

**RETURN COMPLETED DOCUMENT TO:**  
 Marion County Health & Human Services  
 Intellectual/Developmental Disabilities  
 3180 Center St Salem, OR 97301  
 Email: [DDPRocessing@co.marion.or.us](mailto:DDPRocessing@co.marion.or.us)  
 Fax: 503-576-4593

# MARION COUNTY CDDP PSW ENROLLMENT PROCESS

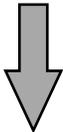
NEW PSW ENROLLMENTS MAY TAKE UP TO 3-4 MONTHS

## STEP 1: FORMS REQUIRED – **DO NOT WORK**



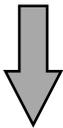
- FORMS REQUIRED TO BEGIN PROCESS: Employee Demographic Form, Background Check Information Form (CHC), Provider Enrollment Application & Agreement (PEAA), and Domestic Employee Information (0550)
- Complete and submit forms in person to: 3180 Center St NE, Salem, OR 97301
  - **ID must be presented, verified, and copied at this time.** (2<sup>nd</sup> floor, Suite 2100)
- *Any corrections will be communicated by email from DD Processing*

## STEP 2: PSW CREDENTIALS PENDING – **DO NOT WORK** *Approximately 8-12 weeks*



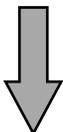
- CHC: Email will be sent from [bcu.orchards@odhsoha.oregon.gov](mailto:bcu.orchards@odhsoha.oregon.gov) that must be completed to authorize the background check
  - DENIED: PSW will not move forward in the process
  - APPROVED: PSW will move forward
- FINGERPRINTS (If requested): Requests are prompted for various reasons including living outside of Oregon within last 5 years and/or criminal history. **DD Processing will send an email, if fingerprints are needed**
- PSW ORIENTATION: Must be completed before a provider number is issued
- PROVIDER NUMBER: An email will be sent from State of Oregon with PSW SPD (provider) number after completing PSW orientation. Contact DD Processing once received.

## STEP 3: PPL – **DO NOT WORK** *Approximately 3 weeks*



- **PUBLIC PARTNERSHIPS, LLC (PPL) FORMS**
  - Established EOR (Employer of Record)
    - DD Processing associates PSW to the individual/employer. This will prompt PPL to send PSW a packet of their forms. **Complete and return these forms to PPL.** This establishes the Employment Relationship.
  - New EOR
    - **PSW process will be placed on hold until the EOR process is complete.** Once EOR is established, see process for Established EOR above
- ODHS eXPRS User Enrollment Form to be completed and returned to eXPRS  
**NOTE:** Contact PPL for assistance with these forms or to check the status

## STEP 4: SERVICE AGREEMENT – **DO NOT WORK** *Arrange with DD Processing*



- PPL establishes the Employment Relationship and transfers the update to show in the State's eXPRS system
- An **email** will be sent to you from DD Processing with instructions to sign a Service Agreement
- Return signed Service Agreement to DD Processing

## STEP 5: READY TO WORK

- Steps 1-4 are completed and verified at this time
- **Please await an email to confirm that you are "Good to Go" and ready to work from DD Processing.** Additional instructions and guides for eXPRS will be included.
- **PSW Core Training & Workshop:** Must be completed within 90 days of receiving provider number

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# PSW Resource List

## Marion County DD Processing – PSW Credentialing & Timesheet Processing



Phone: 503-540-2128

Email: [ddprocessing@co.marion.or.us](mailto:ddprocessing@co.marion.or.us) (Preferred method of contact)

## eXPRS User Accounts – Password or Account lockout



Phone: 844-872-2788 Option #3

Email: [info.exprs@dhsosha.state.or.us](mailto:info.exprs@dhsosha.state.or.us)

\*\*\*Note: All locked accounts are unlocked automatically after 1 hour

Website: <https://apps.state.or.us/exprsWeb/>

## PPL – PPL Paperwork, Payment Information, Direct Deposits, W2, W4, & BetterOnline Accounts



Phone: 888-419-7705

Email: [pplorfmcs-cs@pplfirst.com](mailto:pplorfmcs-cs@pplfirst.com)

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

## PSW Credentials – New or Renewing & Forms



Phone: 844-874-2788 Option #4

Email: [psw.enrollment@dhsosha.state.or.us](mailto:psw.enrollment@dhsosha.state.or.us)

PSW Forms: <https://www.co.marion.or.us/HLT/DD/Pages/Resources.aspx>

## BCU – Orchards: Criminal History Check



Phone: 888-272-5545

Email: [bcu.orchards@odhsosha.oregon.gov](mailto:bcu.orchards@odhsosha.oregon.gov)

## Fieldprint: Fingerprint Requests



Phone: 877-614-4364

Email: [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com)

## Oregon Home Care Commission (OHCC) – PSW Resources



Phone: 877-867-0077

Website: <https://www.oregon.gov/odhs/agency/pages/ohcc.aspx>

PSW Registry: <https://or-hcc.org/>

## Carina – PSW & EOR Job Matching Service



Phone: 855-796-0605

Website: <https://www.carina.org/homecare/medicaid/oregon>

## SEIU 503 (Union) Or Carewell – PSW Orientation, Training, & Benefits



Phone: 844-503-7348

Website: <https://www.carewellseiu503.org>

## Paid Leave Oregon



Phone: 833-854-0166 (toll-free), Monday-Friday, 9 a.m.-4 p.m

Website: <https://paidleave.oregon.gov>



## ODDS PSW Support Line for eXPRS

The **ODDS PSW Support Line for eXPRS** (aka: eXPRS Tech Triage) phone number - **1-844-874-2788** - has added new call routing options to assist PSWs in accessing the specific resource needed to address their questions/answers more efficiently.

**All lines/calls are answered Mon-Fri, 8a-5pm** (excluding holidays).

When calling **ODDS PSW eXPRS Support - 1-844-874-2788** - users can now press the numeric options below to be routed to support for a specific issue:

For assistance with:	Press #
<ul style="list-style-type: none"> <li>• PPL employer of record paperwork or enrollment packet</li> <li>• Paycheck or payroll questions</li> <li>• Direct deposit or debit payment card questions</li> <li>• Provider employment or income verification</li> <li>• Assistance with PPL's BetterOnline website</li> </ul>	<b>1</b>
<p>Contact the CDDP/Brokerage <b><u>FIRST</u></b>, but after doing so, the PSW still needs assistance with:</p> <ul style="list-style-type: none"> <li>• eXPRS authorization questions</li> <li>• eXPRS time entry or billing questions</li> </ul>	<b>2</b>
<ul style="list-style-type: none"> <li>• eXPRS user login enrollment questions or issues</li> <li>• eXPRS lock out assistance or password resets</li> </ul>	<b>3</b>
<ul style="list-style-type: none"> <li>• questions related to the PSW's credentials (PEA or CHC)</li> <li>• questions on the PSW's DHS provider record</li> <li>• change of name, address, phone or email on the PSW's DHS provider record/credentials</li> </ul>	<b>4</b>
<ul style="list-style-type: none"> <li>• questions on PSW trainings</li> <li>• PSW vacation or sick leave questions</li> <li>• Home Care Commission Registry questions</li> </ul>	<b>5</b>
<ul style="list-style-type: none"> <li>• To hear these menu options again</li> </ul>	<b>6</b>
<ul style="list-style-type: none"> <li>• Other questions related to a PSW using eXPRS</li> <li>• To leave a voicemail message for ODDS PSW eXPRS Support</li> </ul>	<b>7</b>

## Personal Support Worker FAQ

### What are the systems and organizations involved with a PSW, and what do they do?

- **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. The contracted FMAS vendor for all DD PSWs in Oregon is **PCG Public Partnerships, LLC (PPL)**.
- **Common Law Employer (CLE):** Formerly referred to as the “employer of record” or “EOR”, this is the individual who is employing a PSW deliver services to 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 the PSW’s timesheets. This verifies that the time worked as reported by the PSW was indeed for the authorized services received by the individual with I/DD.

- **Case Management Entity (CME):** An agency (such as a CDDP, Brokerage or CIIS Program) 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 CIIS, 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 Oregon’s Department of Human Services (ODHS). 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 from PSWs.
- **ODHS Provider Database:** The centralized ODHS provider database that manages all the provider record information for ODHS Medicaid providers, including DD PSW providers. For PSWs to have services authorized for them and to receive payment, the PSW must have a provider record in this database, be listed as “*approved to work*” (meaning they are active) for dates they are working and have an SPD 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 employers, and manages Carina (see below).
- **Carina:** Carina has replaced the Oregon Home Care Commission (OHCC) Registry as the primary tool for individuals receiving Medicaid or Oregon Project Independence (OPI) funded in-home services to find homecare workers or personal support workers. Carina is a free online care matching service that lets consumers search for HCWs, post job ads, and communicate directly with providers using a secure messaging platform. For more information about Carina or the previous OHCC Registry and Referral System, visit the [ODDS Website](#).
- **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.

- **Carewell SEIU 503:** A state contracted agency that provides DD PSWs with the training needed to provide safe and impactful care and support. Carewell also provides the required trainings that PSWs must take in order to be credentialed to work as a PSW. More information on Carewell SEIU 503 training can be found here: <https://www.carewellseiu503.org/training/>

### What does the term “provider enrollment” mean?

**Provider Enrollment** is required for all PSWs working for an individual with I/DD. It is the process to become registered with ODHS, be assigned an SPD provider ID number and have a status of “**approved to work**” as a PSW. Once this is completed, the PSW is considered active and available to provide services, and also to receive payment for work done for their I/DD employer(s) during the date range(s) they are “**approved to work**”. This is required for all PSWs working for individuals with I/DD.

To gain “**approved to work**” status, a PSW must:

- Complete the Provider Enrollment & Application Agreement (PEAA)
- Pass a Criminal History Check (CHC)
- Pass all the federally required provider validation checks
- **As of 9/1/2021**, complete the **PSW required trainings** with Carewell

### What other types of enrollments are there for PSWs?

There are other enrollments for PSWs that may be needed that are different from the Provider Enrollment process outlined above.

- **Financial Management Agent Service Enrollment:** This enrollment is required for all PSWs working for an individual with I/DD. It includes all the financial and other fiscal enrollment forms (*such as W4, direct deposit forms, tax exemption declaration forms, etc.*) needed for a PSW to be set up with the designated **FMAS** agent to receive payments for services provided to their I/DD common law employer. This enrollment must be complete before PSW can have work authorized for them and to receive payment for work performed.

Information on Oregon’s **FMAS** vendor can be accessed from [PPL’s Website](#).

- **eXPRS User Enrollment:** This enrollment is required. It enables the PSW to access the eXPRS payment system and to complete billing activities for

services they've provided. Click here for the [PSW eXPRS User Enrollment Form](#)

- **Carina Enrollment:** This enrollment is optional. It allows a PSW to establish a provider profile in the Carina system, enabling them to appear in registry searches for other potential PSW employment opportunities. For more information, see [The OHCC Website](#).

### **Does a PSW need to complete training prior to being able to work?**

Yes, someone becoming a PSW Provider for the first time must complete the 4-hour PSW/HCW Orientation before receiving their SPD ID # and be credentialed as a PSW provider for the first time.

They must also complete 8 hours of PSW Core Basics training within 120 days after completing their PSW Orientation, and complete 12 hours of PSW Continuing Education trainings every 2 years from the completion of their PSW Orientation to continue to be credentialed and work as a PSW provider ongoing.

### **How does a PSW access their required trainings?**

PSW providers can access information and their required trainings by visiting the [SEIU Carewell Website](#).

### **Why do PSWs need an SPD ID number?**

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

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

Yes. The work may be similar, but a Home Care Worker (HCW) is a different type of provider from a Personal Support Worker (PSW). Since they are different types of provider, a person working as both a PSW and HCW will need to be assigned a separate SPD provider ID number for each type.

### **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.

### **How does a PSW get an SPD provider ID number?**

An SPD provider ID number is assigned as part of the Provider Enrollment and Registration process to the ODHS provider database outlined above. Registration in the ODHS provider database is required for a PSW to deliver Medicaid funded services to individuals with I/DD.

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

PSWs will be notified by mail or email when an 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 email the **ODDS Provider Enrollment Unit** at [psw.enrollment@odhsoha.oregon.gov](mailto:psw.enrollment@odhsoha.oregon.gov).

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

Contact the **Provider Enrollment Unit** at [psw.enrollment@odhsoha.oregon.gov](mailto:psw.enrollment@odhsoha.oregon.gov).

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

PSWs should work with the CME that authorizes services for the I/DD individual they are serving to have the Criminal History Check forms and fitness determination completed or renewed.

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

PSWs can see the expiration dates of their CHC and PEAA in their **My Credentials** section of the eXPRS Desktop or eXPRS Mobile-EVV.

### **How often are Criminal History Checks required?**

ODDS has updated their program policy to require Criminal History Checks for PSWs 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 a new CHC is only required when their current CHC expires.

### **What is "eXPRS"?**

eXPRS is the acronym for the **Express Payment & Reporting System**. This is the web application 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.

## Why do PSWs have to use eXPRS in order to get paid?

All service authorization and payment for I/DD services in Oregon is managed in eXPRS. PSWs' authorizations, billings and claims are all processed using eXPRS. To be paid for your work as a PSW, you must use eXPRS.

## How do PSWs report their time worked in eXPRS?

PSWs will use eXPRS Mobile-EVV, which is the eXPRS website that has been optimized for use on a mobile device.

- 1) For **attendant care services**, PSWs will use using eXPRS Mobile-EVV to document when they start working ("clock in") and when they stop working ("clock out") each day they work. eXPRS EVV then saves the required information about the attendant care shift to the main website.
- 2) For **non-attendant care services** and also at payroll time, PSWs will use the regular eXPRS website to create any needed billings, review their time worked, submit their time, and then print timesheets for their employer(s) to sign. Signed timesheets are then submitted to the authorizing CME for approval.

## How often will the PSW need to bill for services and how often will they get paid?

When PSWs use eXPRS Mobile-EVV, Service Delivered Billing Entries (SDs) will be created that document the dates and times they start and stop work. These SDs are gathered into claims for payment in alignment with the PSW payroll schedule. Claims will then be sent to the FMAS payroll vendor who will then issue paychecks to PSWs.

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

Watch the tutorial video: [eXPRS for Personal Support Workers](#). Also, visit the [eXPRS Help Menu](#) and look under the heading **PSW Providers** to find user guides and videos for PSWs in multiple languages on how to use eXPRS.

## Why does a PSW have to fill out the eXPRS User Enrollment form?

This form gives a PSW access to eXPRS & eXPRS EVV, and is required by ODDS.

## Is Direct Deposit mandatory?

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/>

### **How does a PSW complete the Direct Deposit form?**

Direct deposit forms for PSWs can be accessed from [PPL's Website](#).

### **How does a PSW create a Profile on Carina?**

Follow the instructions on <https://or-hcc.org/>

### **Does a PSW have to be in the Oregon Home Care Commission's Registry**

No. Completing and activating a provider profile in Carina is not required. It is used if the PSW wishes to be active and listed in searches by potential employers to find them and possibly offer them work.

### **Who should I contact about SEIU 503 Union questions, such dues, participation, or other information?**

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](mailto:salem@seiu503.org)

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

There are many different forms, instructions, and other materials are available on various websites:

- [ODDS Website > Resources for Personal Support Workers](#)
- [eXPRS Facebook Page](#)
- [ODDS Facebook Page](#)

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

PSWs are encouraged to work with their local CME first regarding questions they may have. PSWs can also access the **Contact Us** link from the eXPRS log in page.

PSWs seeking assistance with:	Please Contact:
<ul style="list-style-type: none"> <li>• PPL employer of record paperwork or enrollment packet</li> <li>• Paycheck or payroll questions</li> <li>• Direct deposit or debit payment card questions</li> <li>• Provider employment or income verification for dates worked <b>after</b> Dec 31, 2016.</li> <li>• Assistance with PPL's <b>BetterOnline</b>™ web portal</li> </ul>	<p><b>Public Partnerships, LLC (PPL)</b>  Phone: 1 (888) 419-7705  Email: <a href="mailto:pplorfmas-cs@pcgus.com">pplorfmas-cs@pcgus.com</a>  PPL's <b>BetterOnline</b>™ web portal:  <a href="https://fms.publicpartnerships.com/PPLPortal/login.aspx">https://fms.publicpartnerships.com/PPLPortal/login.aspx</a>  <b>Employment Verification Information</b>  <a href="https://www.publicpartnerships.com/media/eqxpcdoq/voe_voi-instructions.pdf">https://www.publicpartnerships.com/media/eqxpcdoq/voe_voi-instructions.pdf</a></p>
<ul style="list-style-type: none"> <li>• Questions regarding your service agreements or eXPRS authorizations to work</li> <li>• Questions regarding your eXPRS time entry, billing or printing timesheets</li> <li>• Questions about why <b>pending</b> billings have yet to be approved</li> <li>• Assistance to resolve <b>suspended</b> billing issues</li> </ul>	<p><b>FIRST</b> contact the <b>authorizing CDDP, Brokerage or CIIS Program</b> who authorized your services.</p> <ul style="list-style-type: none"> <li>• If after doing the above you still need assistance, contact:</li> </ul> <p>Log on and Complete/Submit an <b>eXPRS Technical Assistance Request</b> available under <b>Customer Service</b> on the top menu bar.</p>
<ul style="list-style-type: none"> <li>• Questions related to your PSW credentials (PEA or CHC)</li> <li>• Questions on your PSW DHS provider record</li> </ul>	<p><b>ODDS Provider Enrollment Unit</b>  Phone: 1 (844) 874-2788, option #4 - <b>Voicemail ONLY</b>  Email: <a href="mailto:PSW.Enrollment@dhsosha.state.or.us">PSW.Enrollment@dhsosha.state.or.us</a></p>
<ul style="list-style-type: none"> <li>• Change of name, address, phone, or email on your PSW provider record/credentials.</li> </ul>	<p>Complete and return the <b>PSW Change of Information Request</b> form: <a href="https://apps.state.or.us/Forms/Served/de2577.pdf">https://apps.state.or.us/Forms/Served/de2577.pdf</a></p>
<ul style="list-style-type: none"> <li>• Questions on PSW trainings</li> <li>• PSW vacation or sick leave questions</li> <li>• Home Care Commission Registry questions</li> </ul>	<p><b>Oregon Home Care Commission (OHCC)</b>  Phone: 1 (877) 867-0077, option #4 - <b>Voicemail ONLY</b>  Registry Website: <a href="https://or-hcc.org/">https://or-hcc.org/</a></p>
<ul style="list-style-type: none"> <li>• PSW employment verification for dates worked <b>prior</b> to Jan 1, 2017.</li> </ul>	<p>Email: <a href="mailto:ODDS.EmploymentVerification@dhsosha.state.or.us">ODDS.EmploymentVerification@dhsosha.state.or.us</a></p>
<ul style="list-style-type: none"> <li>• PSW user lock outs &amp; password re-sets for eXPRS</li> </ul>	<p><b>eXPRS Account Access</b>  Phone: 1 (844) 874-2788, option #3 - <b>Voicemail ONLY</b>  Email: <a href="mailto:info.exprs@dhsosha.state.or.us">info.exprs@dhsosha.state.or.us</a></p>

Additional questions if not able to be answered by the local CME agency can be routed to the following entity/topic by the corresponding email or phone provided below.

- **FMAS vendor or payroll questions to PCG Public Partnerships, LLC (PPL)**  
[PPLORFMAS-CS@pcgus.com](mailto:PPLORFMAS-CS@pcgus.com)  
Or by toll free: 1-888-419-7705 (English)  
1-888-419-7720 (Español)  
1-888-419-7724 (Русский)  
PPL Website:  
<http://publicpartnerships.com/programs/oregon/fmas/>
- **Oregon Home Care Commission questions and Registry:**  
[DD-MH.OHCC@state.or.us](mailto: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](mailto:salem@seiu503.org)  
Or by toll free: 1-800-452-2146
- **Carewell SEIU 503 Training:**  
Training email:  
[carewellSEIU503training@risepartnership.com](mailto:carewellSEIU503training@risepartnership.com)  
Benefits email:  
[carewellSEIU503benefits@risepartnership.com](mailto:carewellSEIU503benefits@risepartnership.com)  
Or by toll free: 1-844-503-7348 (*8am—6pm, Monday—Friday*)

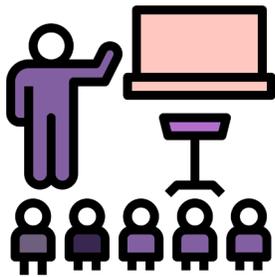
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# New Worker Training for Care Providers

Homecare Workers, Personal Support Workers, and Personal Care Attendants

## 1. New Worker Orientation



- Trainer-led, In-person
- 6 hours, plus an optional 30 minutes to take the assessment
- Finish before employment

## 2. New Worker Core Part 1



- Self-paced, Online
- 4 hours
- Finish within 120 days of receiving provider number

## 3. New Worker Core Part 2



- Self-paced, Online
- 4 hours
- Finish within 120 days of receiving provider number

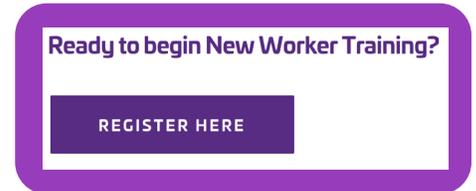
Scan this code to begin:



or go to [CarewellSEIU503.org/orientation](https://CarewellSEIU503.org/orientation)

# New Worker Training: Steps for Success

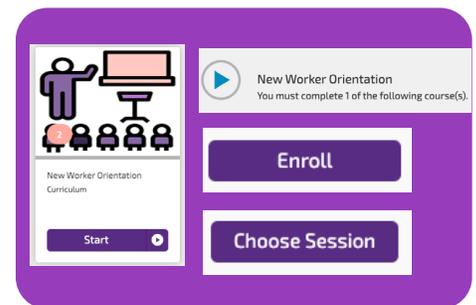
**1** Create a profile in the Carewell Learning Portal. You can get there from the Carewell website, [CarewellSEIU503.org/orientation](http://CarewellSEIU503.org/orientation).  
*Make a note of your username and password as you will need them to log back in.*



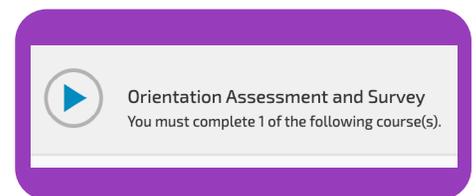
**2** When you log in to the learning portal after creating a profile, go to "My Courses."



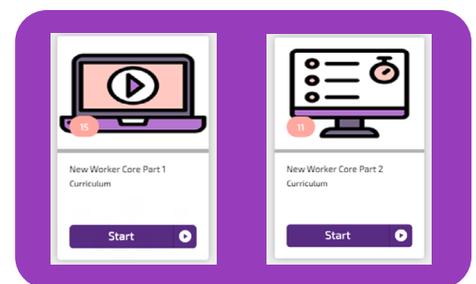
**3** Click "Start" under "New Worker Orientation." Then find "New Worker Orientation" and click "Enroll." Then click "Choose Session" to find a session. After enrolling in a session, you will receive a confirmation email.



**4** After attending your New Worker Orientation session, you will need to pass an assessment and take a short survey.



**5** After you receive your provider number from the state, log back in to the learning portal to complete New Worker Core Part 1 and New Worker Core Part 2. You need to take the required assessments after each section to get credit for completing the sections.



Congratulations! You're all done with New Worker Training! You can download a copy of your certificate of completion from the learning portal.

# New Worker Training: Frequently Asked Questions

## How do I sign up?

Go to [CarewellSEIU503.org/orientation](https://CarewellSEIU503.org/orientation), and click "Register Here." From there, you will create a profile and sign up for New Worker Orientation. You can log in from a smartphone, tablet, or computer. You will then receive instructions on how to complete training. Please note that you will need a valid email address to get started.

## How can I fill out an application?

Before attending training, you should submit an application to become a new homecare worker, personal support worker, or personal care attendant. To apply you will follow the instructions of the agency you're applying through. More information can be found at [OHCCworkforce.org/applications](https://OHCCworkforce.org/applications).

You must complete Orientation within 90 days of submitting an application.

## When can I begin the training?

You can begin New Worker Orientation after you've submitted an application. You can start New Worker Core Part 1 and New Worker Core Part 2 after you have completed New Worker Orientation, passed a background check, and received your provider number from the Department of Human Services (DHS) or the Oregon Health Authority (OHA).

New Worker Core Parts 1 and 2 must be completed within 120 days of receiving your provider number.

## How does the training work?

New Worker Orientation takes place in person with a trainer.

New Worker Core is self-paced so you do not have to complete it in one sitting and your progress will be saved as you go.

You will need to pass an assessment after each of the 3 sections of training with a score of 75% or higher. If you do not pass the assessment after 3 tries, you will need to retake that section of the training.

## How long is the training?

The total length of the New Worker Training is about 14 hours.

New Worker Orientation is in-person and takes about 6 hours including breaks. There is also an optional 30-minute session after New Worker Orientation to take the required assessment.

New Worker Core Part 1 and New Worker Core Part 2 are each about 4 hours long for a total of 8 hours of self-paced modules.

## Do I have to stay to take the assessment after New Worker Orientation?

No. You can take the required assessment any time after attending New Worker Orientation by logging in to the learning portal. You must pass the assessment to complete New Worker Orientation.



Carewell SEIU 503 is the family of training and benefits hardwon by SEIU 503 homecare and personal support providers to enhance their lives. Delivered clearly, easily and reliably, these benefits offer the stability, health, skills and training workers deserve.

All benefits are delivered by RISE Partnership, a worker-centered benefit support service.





## What do I need for the training?

You will need a device with internet access and a valid email address to begin the training. Smartphones, tablets, and computers all work with our online learning portal. If you are using a smartphone or tablet, be sure to connect to Wi-Fi, or you could use up a large amount of data.

You should also plan to bring your learning portal username (email address) and password so you can log in to take the assessment.

## What if I don't have a device with internet access?

We're here to help! Give us a call at 1-844-503-7348 so we can assist you in finding an option that works for you.

## Will I receive a stipend for training?

You will be provided a stipend after completing New Worker Core Part 1 and a second stipend after completing New Worker Core Part 2. You will not receive a stipend for New Worker Orientation. More information on stipends can be found on our website, [CarewellSEIU503.org/stipend-policy](https://CarewellSEIU503.org/stipend-policy).

## Do you provide language assistance?

Yes. You can register for training in the following languages:

- Spanish
- Russian
- Vietnamese
- Chinese (simplified written, Mandarin voice-overs)
- Arabic
- Somali

When you take New Worker Orientation, you will meet with a trainer who speaks one of these languages or take the course with an interpreter. New Worker Orientation takes place in a virtual, Zoom classroom. We can also schedule an interpreter for you to join an in-person class if you reach out to us.

New Worker Core Parts 1 and 2 are online and self-paced. They are available in:

- Spanish
- Russian
- Vietnamese
- Chinese (simplified written, Mandarin voice-overs)
- Arabic
- Somali

Once you are registered for training in one of these languages, you should automatically see training in your preferred language.

If your preferred language is not available, please reach out to us for support. We can help you find an option that works for you. Please call 1-844-503-7348 or email [CarewellSEIU503training@RISEpartnership.com](mailto:CarewellSEIU503training@RISEpartnership.com) to let us know which training you are taking and the language you prefer.

## How is Carewell Training addressing COVID-19?

We are monitoring community levels of COVID-19. If community levels are high, we will hold New Worker Orientation as a live, trainer-led webinar over Zoom instead of in the classroom. We will notify you if your in-person class is switched to a virtual class. We recommend checking your email and the learning portal close to the day of your scheduled training to check for any changes.

## Where can I find help?

We're here to assist you! You can find more information on our website, [CarewellSEIU503.org/orientation](https://CarewellSEIU503.org/orientation) or email us at [CarewellSEIU503training@RISEpartnership.com](mailto:CarewellSEIU503training@RISEpartnership.com). You can call us at 1-844-503-7348 where representatives are available between 8am and 6pm Monday through Friday.