

James Toews
Authorized Signature

Number: SPD-AR-10-105
Issue Date: 11/29/2010

Topic: Developmental Disabilities

Due Date:

Subject: Support Workers
Implementation of HB3618 - Workers Compensation Coverage for Personal

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input checked="" type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): Adult Support Service Brokerage Directors |

Action Required:

The Oregon Legislature passed HB 3618 during the February 2010 special session. This bill was signed into law. HB 3618 is directed to "Personal Support Workers" who are defined as persons who are hired by the client or the client's family or guardian and paid by public funds. For Developmental Disability Services this includes employees working for people in Adult Support Services, Adult In-home comprehensive services, children in Children's Intensive In-Home Services, children in family support (both general and long term), and adults and children in State Plan Personal Care services. In addition to the specific programs listed above, any other arrangement (e.g. through Short Term Diversion services) where there are employees hired by a client or their family and paid by public funds will fall under this legislation. For reference purposes, this bill can be viewed at:

<http://www.leg.state.or.us/10ss1/measpdf/hb3600.dir/hb3618.en.pdf>

The bill changes the employee designation so that they will be eligible for workers' compensation as of January 1, 2011. The Oregon Home Care Commission (OHCC) will arrange for the Workers' Compensation insurance coverage and will facilitate the processing of Workers' Compensation claims on behalf of the client/employer. SAIF Corporation is the workers' compensation insurance carrier.

This transmittal outlines actions that are required to implement this provision of the bill. **Please read this transmittal carefully and make sure that all individuals in your organization are aware of its contents and requirements.**

Actions required by CDDP's, Support Service Brokerages, or their fiscal intermediary agents are to:

1. Assure that employees now classified as Personal Support Workers are aware of the fact they are covered by Workers' Compensation Insurance effective January 1, 2011.
 - a. On June 22, 2010 SPD sent an Action Request (SPD-AR-10-053) to CDDP's and Support Service Brokerages with letters that were to be distributed to inform individuals and employees of the January 1, 2011 date for Workers' Compensation coverage.
 - b. The OHCC and SAIF have developed the "What to do If You are Injured on the Job" handout to help inform employees of their rights and responsibilities in regards to workers' compensation insurance coverage. This form will soon be available on the OHCC Personal Support Worker Tools web page and the DHS Publications and Forms website.
 - c. Link to OHCC Personal Support Worker Tools web page:
http://www.oregon.gov/DHS/spd/adv/hcc/tools_psws.html
 - d. Provide the "What to do If You are Injured on the Job" handout to personal support workers.
2. Assure that the employers of Personal Support Workers are aware of the fact that their employees will be covered by Workers' Compensation Insurance effective January 1, 2011.
 - a. On June 22, 2010 SPD sent an Action Request (SPD-AR-10-053) to CDDP's and Support Service Brokerages with letters that were to be distributed to inform individuals and employees of the January 1, 2011 date for Workers' Compensation coverage.
 - b. Provide employers that request additional information about what their employees should do if injured on the job with the "What to do If You are Injured on the Job" handout for personal support workers.
3. Assure that each employer of Personal Support Workers signs a "Workers' Compensation Agreement and Consent" form.
 - a. This form is still being developed and will be distributed under separate cover.
 - b. This is a one-time only form and must subsequently be kept locally on file. All new clients must sign this form upon approval of services. The OHCC's Workers' Compensation Coordinator may request a copy of the signed form for any injured worker. This form should be signed by January 1, 2011.
4. Begin to collect, report, and submit as required the Workers' Benefit Fund (WBF) from employees and employers on payroll after January 1, 2011. **With few exceptions, collection of the WBF is a mandatory responsibility for all employers and employees in Oregon.**

- a. Immediately below is a link to a publication on the Workers' Benefit Fund assessment. This publication is provided by the Workers' Compensation Division of the Oregon Department of Consumer & Business Services.

<http://www.oregon.gov/DCBS/FABS/docs/assessment.pdf?ga=t>

- b. Page 15 of this publication provides a phone number (503-947-7815) that can be called for specific questions about collecting and submitting the WBF.
5. Provide to SPD, on a monthly basis, the names and contact information of the individuals served who have Personal Support Workers.
 - a. These names will be required to be submitted on the 15th of month following the reporting month.
 - b. The first report will be due February 15, 2011.
 - c. The spreadsheet and instructions for completion will be distributed under separate cover.
 6. Provide to SPD, on a quarterly basis, aggregate gross payroll reports for Personal Support Workers.
 - a. These reports will be required to be submitted on the 15th of month following the reporting quarter.
 - b. The first report will be due April 15, 2011.
 - c. The spreadsheet and instructions for completion will be distributed under separate cover.
 7. Cooperate with SAIF and the OHCC's Workers' Compensation Coordinator and representatives in processing claims when a Personal Support Worker is injured on the job.

Specific questions about this transmittal or HB 3618 should be directed to Mike Maley. His contact information is listed below.

Reason for Action: See Above

Field/Stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this action request, contact:

Contact(s):	Mike Maley		
Phone:	503-947-4228	Fax:	503-373-7274
E-mail:	Mike.j.maley@state.or.us		