

Cathy Cooper

Authorized Signature

Number: SPD-AR-10-117
Issue Date: 12/20/2010

Topic: Developmental Disabilities

Due Date:

Subject: Workers' Compensation Consent and Agreement form (SDS 0353)

Applies to (check all that apply):

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

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. As required by HB 3618, Personal Support Workers will be covered by Workers’ Compensation Insurance effective January 1, 2011. For reference purposes, this bill can be viewed at:

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

As previously mentioned in **SPD-AR-10-105**, 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.

Attached is the Workers’ Compensation Consent and Agreement form (SDS 0353). All current clients/employers who use Personal Support Workers or their legal guardian must sign this form. All new clients that use Personal Support Workers must sign the form upon approval of these services. Completion of this form is only required once there is no requirement that it be updated or renewed periodically. Please maintain the signed form in the client’s file with the Brokerage, CDDP, Mental Health, or SPD/AAA office as applicable.

Please assure that each client/employer of Personal Support Workers or their legal guardian sign a “Workers’ Compensation Consent and Agreement” form. The OHCC’s Workers’ Compensation Coordinator may request a copy of the signed form for any injured worker.

Because of the delay in distributing this form and the large number of client/employers, it is recognized that signature cannot be obtained by the 1/1/11 start date of the workers’ compensations insurance coverage. Consequently, the date for completing the forms is February 28, 2011.

However, should a Personal Support Worker file a claim for workers’ compensation coverage before the February 28, 2011 deadline, a completed “Workers’ Compensation Consent and Agreement” form will be required of the specific client/employer at the time of the claim in order to provide for timely and efficient claim processing.

The OHCC and SAIF have developed a “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. Please provide personal support workers with this handout, it is available on the DHS Forms website and the Oregon Home Care Commission’s Personal Support Workers Tools webpage - http://www.oregon.gov/DHS/spd/adv/hcc/tools_psw.shtml.

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):	Cheryl Miller, Executive Director		
Phone:	503 378-2733	Fax:	503 378-5886
E-mail:	cheryl.sanders-miller@state.or.us		

Workers' Compensation Consent and Agreement

Client/customer:	Prime number:	Program:
Personal agent/case manager:	Personal agent/case manager's phone number:	

About workers' compensation

Workers' compensation is a special kind of insurance that helps people who get hurt at work. Most employers provide workers' compensation for people who work for them. Although you are the employer of your personal support worker, the Oregon Home Care Commission (OHCC) will provide workers' compensation insurance for your worker, beginning January 2011*.

Note: Your employees may also be called "personal support workers" or "domestic employees."

What consent means

When you sign this paper, the OHCC may do certain things. If your worker gets hurt while helping you, the OHCC may:

- Process a workers' compensation claim;
- Fill out forms; and or
- Complete other requirements.

Signing this also means you will talk with the OHCC and/or the insurance company to find out what happened when your worker was hurt. This will help decide if the insurance will pay for your worker's injury claim. Not all claims are approved.

Please read the following carefully. If you have any questions, please talk with your personal agent or case manager.

Your duties

If your personal support worker is hurt while helping you, call your case manager or personal agent as soon as possible to talk to them about the injury.

*See ORS 656.039 9(5)(a)

Client/customer agreement

I understand and agree to the statements below:

1. The OHCC will:
 - Get workers' compensation insurance coverage for my worker(s), and;
 - Handle all parts of any claim if my worker(s) are hurt while working for me.
2. I agree to cooperate with the OHCC and the designated workers' compensation insurance carrier, SAIF.
3. I agree to be interviewed by the:
 - OHCC;
 - SAIF; and
 - Others about my worker(s) injury if she or he is hurt while working for me.

Note: Your employees may also be called "personal support workers" or "domestic employees."

Sign below

Client/customer/representative

Date

Guardian

Date

Employer of record

Date

For office use only

Client/customer name:

Prime number:

Program:

Homecare worker Personal support worker

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

What to do if you are injured on the job

How to file a claim:

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

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

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

SAIF Corporation
400 High Street SE
Salem, OR 97306



To protect your rights and help process your claim:

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

IMPORTANT

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

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

- 1) Tell your consumer/employer right away that you were injured
 - 2) Contact: **Oregon Home Care Commission workers' compensation coordinator**
Phone: 888.365.0001 or 503.378.3099 (Salem)
 - 3) Identify yourself as a **homecare worker or personal support worker**
 - 4) If you seek medical treatment, tell the doctor you were hurt on the job. Identify yourself as a **homecare worker or personal support worker** and let your medical provider know that your insurance carrier is SAIF.
- If you are unable to reach OHCC workers' compensation coordinator, please contact **SAIF Corporation at 800.285.8525**