

Select originating cluster

Genevieve Sundet  
Authorized Signature

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Topic: Provider Information

Subject: The Homecare Workers' Guide (SDS 9046A) - formerly the Provider Guide

**Applies to (check all that apply):**

- |                                     |                               |                                     |                                      |
|-------------------------------------|-------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/>            | All DHS employees             | <input 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 type="checkbox"/>            | County DD Program Managers    | <input type="checkbox"/>            | Other (please specify):              |

**Message:**

The "Client-Employed Provider Program - Provider Guide", form SDS 9046A, has been updated and renamed "The Homecare Workers' Guide." The form number remains the same. The guide contains information reflective of the collective bargaining agreement that covers Homecare Workers.

**New sections to the guide include:**

- Types of Services
- Service Plan and Task List (including a sample Task List - form SDS 0598)
- Contract Registered Nurse
- Paid Leave
- Latex Gloves and Protective Masks
- Remittance Advice and Deductions
- Unemployment Insurance
- Contact Information for SEIU Local 503, OPEU
- Contact Information for the Home Care Commission
- Contact Information for Health Insurance and Workers' Compensation

An electronic copy can be printed from the Forms server at:

<http://dhsforms.hr.state.or.us/Forms/Served/SE9046a.pdf> or from the DHS Publications page at: [http://www.dhs.state.or.us/seniors/publications/cep\\_providers\\_guide.pdf](http://www.dhs.state.or.us/seniors/publications/cep_providers_guide.pdf).

The Homecare Workers webpage at:

<http://www.dhs.state.or.us/spd/tools/homecare/index.htm> will also be updated to include this guide.

Hard copies of the guide for local SPD/AAA offices can be ordered through the DHS Forms Server using form number SDS 9046A. For those local offices who have previously ordered hard copies of the guide prior to this update, your requests have been placed on back order and will be filled first.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Mary L. Lang, In-Home Services Program Coordinator		
<b>Phone:</b>	503-945-5799	<b>Fax:</b>	503-947-4245
<b>E-mail:</b>	mary.l.lang@state.or.us		

# The Client-Employed Provider Program

## *Homecare Workers' Guide*

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*July 2004*

# Helpful phone numbers

## **Homecare Union Benefits Board (HUBB) – (Health Insurance)**

(503) 364-HUBB (4822) Salem  
1-(866)- 364-HUBB (4822) toll free

## **Service Employees' International Union The Homecare Workers' Union – SEIU Local 503, OPEU**

PO Box 12159  
Salem, OR 97309-0159  
1-800-452-2146 or  
503-581-1505 in Salem  
  
1-800-527-9374 or  
503-408-4090 in Portland  
  
1-800-521-3446 or  
541-342-1055 in Eugene

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

## **Internal Revenue Service**

1-800-829-1040 (7 a.m. to 10 p.m.  
Monday – Friday)  
<http://www.irs.gov>

## **Oregon Department of Revenue**

503-947-1488  
<http://www.dor.state.or.us>  
Taxpayer questions: 503-378-4988 and  
1-800-356-4222

## **Homecare Commission**

Sharon Miller, Executive Director  
(503) 947-5169  
[Sharon.L.Miller@state.or.us](mailto:Sharon.L.Miller@state.or.us)

## **DHS Provider Payments Unit**

(For returned provider checks and W2 forms) 1-800-241-3013  
Salem: 503-947-5124

## **Oregon Department of Human Services (DHS) Web site**

<http://www.dhs.state.or.us>

- Seniors and People with Disabilities  
<http://www.dhs.state.or.us>
- OregonCares  
<http://www.oregoncares.org>

## **Oregon Employment Department**

Salem: 503-378-4824  
Downtown Portland: 503-731-3429  
Check Web site for other locations  
<http://www.emp.state.or.us>

## **Injury Claims Assistance, Inc. (ICA)**

For workers' compensation information or claims  
1-(888) 365-0001

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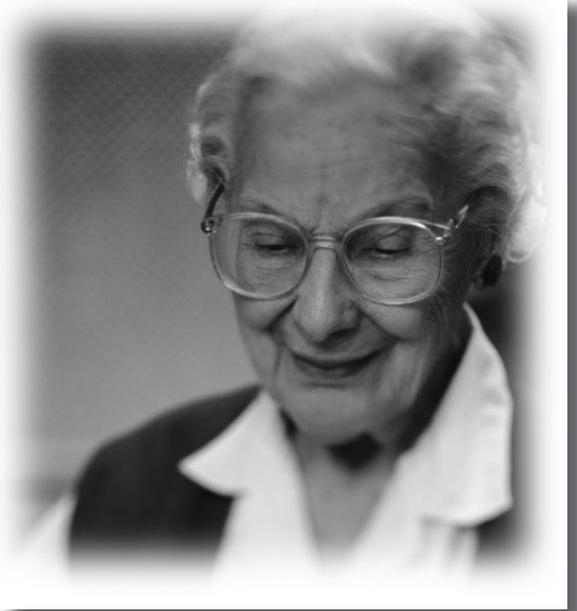
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# Introduction

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## The Client-Employed Provider (CEP) program

This guide is a resource for homecare workers (HCWs) in the Client-Employed Provider (CEP) Program. As a HCW you may be involved in a wide range of in-home services, including support and assistance with activities of daily living, to enable your employer to continue to live in their own home.



## Community-Based Care

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### The choice for care in their own communities

Community-based care is a very important part of Oregon's long-term care system which includes in-home services, adult foster care, assisted living facilities and residential care facilities. The Oregon Department of Human Services (DHS) has made a strong commitment to Oregon's seniors and adults with disabilities by offering them choices about the way they want to live and how they want to be assisted. Living in their own homes, rather than moving to a care facility, offers seniors and persons with disabilities dignity, choice and independence.

# *The Home Care Commission*

In 2000, the citizens of Oregon voted to amend the state constitution to create the Home Care Commission. The commission is responsible for ensuring the quality of homecare services that are funded by the Department of Human Services for seniors and people with disabilities. The commission has four major responsibilities:

- To define the qualifications of homecare workers;
- To create a statewide registry of homecare workers;
- To provide training opportunities for homecare workers and consumers; and
- To serve as the “employer of record” for purposes of collective bargaining for homecare workers whose pay comes from public funds.

Nine commissioners are appointed by the governor for three-year terms. Five are consumers of homecare services. The other four represent the Department of Human Services (DHS), the Governor’s Commission on Senior Services, the Oregon Disabilities Commission and the Oregon Association of Area Agencies on Aging and Disabilities. The commission meets monthly in Salem and meetings are open to the public.

## *SEIU, Local 503, OPEU*

Service Employees International Union (SEIU) Local 503, the Oregon Public Employee’s Union (OPEU), is the union that exclusively covers approximately 13,000 publicly funded homecare workers in the State of Oregon. In 2001, homecare workers voted in a union election 92 percent in favor of having a union. Their first bargaining agreement, signed in 2003, gave homecare workers health insurance, workers’ compensation and wage increases.

All publicly funded homecare workers are equally represented by SEIU and covered by the articles in the collective bargaining agreement. Those HCWs who work more than 32 hours per month are either SEIU members or fair share payors. Those HCWs with fewer than 32 hours per month are still covered by the same protections in the union contract.

# The CEP Program

## Homecare worker enrollment standards

As a homecare provider, you are an employee of the client. However, DHS is responsible for paying you for the authorized services you provide.

A HCW must meet certain standards to be enrolled and receive payment through the CEP Program. Such standards include:

- Maintaining a drug-free work place;
- Maintaining an acceptable criminal history clearance as defined in the Oregon Administrative Rules (Criminal history checks are conducted at least every other year);
- Having the knowledge, skills and abilities to perform, or learn to perform, the required work;
- Being 18 years of age or older;
- Verification of U.S. employment status; and
- Completion of an orientation about the CEP Program through a local DHS office.



Currently, you are responsible for state and federal income taxes due on earnings received as an employee of the client. However, DHS will pay the employer's share of Social Security taxes (FICA) and Unemployment Insurance (excluding spousal providers). For more information on state and federal taxes, see page 20.

## Roles and responsibilities

### **The homecare worker (You)**

- Be qualified to provide services
- Complete a provider application packet
- Complete a provider packet
- Pass the criminal history check
- Provide quality services
- Pay income tax
- Sign and turn in voucher to local office
- Practice universal precautions to prevent the spread of communicable diseases.

### **The employer (Client)**

- Find applicants
- Screen, interview and hire a HCW
- Know what services are authorized
- Provide a Task List
- Train and supervise the HCW
- Maintain HCW records, including a record of hours worked
- End the employment of an unsatisfactory HCW
- Confirm hours and sign voucher

### **DHS/SPD/AAA office (Case manager or other staff)**

- Assess client's service needs
- Help develop the Service Plan
- Process the necessary forms for the HCW
- Complete the HCW's criminal record check
- Authorize hours and Service Plan mileage
- Approve and issue HCW payments
- Provide ongoing assistance with the Service Plan
- Provide protective services for the employer (client)

# Types of homecare workers (HCWs)

## **Live-in HCWs**

Live-in HCWs live in their employers' homes and are available twenty-four hours a day during the time worked. Rate of payment is based on the service needs of the employer (client). Some hours are unpaid based on the hours a HCW is expected to be able to sleep.

## **Hourly HCWs**

These HCWs work a variety of hours per day or per week. Wages are paid based on the individual client's Service Plan and the number of hours worked.

## **Relief HCWs**

Relief HCWs are needed on a short-term, on-call or respite basis to fill in when the primary HCW is on leave.

# Types of services

## **Activities of daily living (ADLs)**

Mobility, transferring, bathing, grooming, personal hygiene, dressing, eating, toileting, bowel and bladder care and cognition.

## **Self-management tasks (household tasks)**

Housekeeping, meal preparation, shopping, laundry, transportation and medication management.

## **24-hour availability**

The availability and responsibility of a homecare worker to meet unscheduled ADL and self-management needs of a client over a 24-hour period. Only live-in homecare workers are authorized for this type of service.

## The Service Plan and Task List

The Service Plan (CA 546 form) and the Task List (SDS 598 form) are the documents that show what hours and services the SPD/AAA Case Manager has authorized you to provide. Once the case manager completes an assessment, they work with the client to develop a plan showing the services that will be provided. This document is called the Service Plan. Only certain types of services are covered. For example, you cannot be paid through DHS to provide yard work or pet care.



The Service Plan lists the number of hours authorized for each task. The Task List gives a more detailed list of instructions for the tasks that are authorized. For example, the Service Plan may authorize hours for housekeeping, but the Task List would specify if that included dusting, mopping or washing dishes. (See sample Task List on next page.)

The case manager should give two copies of the Task List to the client. One of those copies is for the client to give you since they are your employer. If the client does not give you a copy, you can contact the case manager to send you a copy of the Task List. It is important to know what tasks are authorized. Those are the only tasks you can be paid for through the Client-Employed Provider Program. If you have any questions about whether you should be providing a service, do not hesitate to contact the case manager.

## Contract registered nurse (C.R.N.)

The case manager can authorize a C.R.N. assessment. The C.R.N. can help review your employer's medications, assess skin problems or other medical issues and make recommendations. There are some special tasks the C.R.N. can delegate to a capable homecare worker. They can also provide teaching specific to the employer's care needs.

# Task List



SENIOR AND  
DISABLED  
SERVICES  
DIVISION

**Employer** **1**

Name \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zipcode \_\_\_\_\_ Telephone \_\_\_\_\_

**Employee** **2**

Name \_\_\_\_\_ Provider number \_\_\_\_\_  
 Mileage authorization per month \_\_\_\_\_

**Tasks to be performed** **3**

Kitchen	<input type="radio"/> Clean the stove	<input type="radio"/> Clean and defrost refrigerator
	<input type="radio"/> Sweep and mop floors	<input type="radio"/> Wash the dishes
	<input type="radio"/> Empty the garbage	<input type="radio"/> Wash the kitchen counters
Living area	<input type="radio"/> Vacuum the floor	<input type="radio"/> Dust the furniture
Bedroom	<input type="radio"/> Make the bed(s)	<input type="radio"/> Change the sheets
	<input type="radio"/> Vacuum the floor	<input type="radio"/> Dust the furniture
Bathroom	<input type="radio"/> Clean the sink/tub	<input type="radio"/> Clean the toilet
	<input type="radio"/> Mop the floor	
Shopping	<input type="radio"/> Do the grocery shopping	<input type="radio"/> Run other errands
	<input type="radio"/> Store food and supplies	
Laundry	<input type="radio"/> Wash and dry clothes	<input type="radio"/> Put away the clothes
Meals	<input type="radio"/> Prepare breakfast	<input type="radio"/> Prepare Lunch
	<input type="radio"/> Prepare dinner	<input type="radio"/> Prepare food for next day
	<input type="radio"/> Assist with eating	
Bathing	<input type="radio"/> Stand by for safety	<input type="radio"/> Assist with tub or shower
	<input type="radio"/> Shampoo hair	
Grooming	<input type="radio"/> Personal hygiene (brushing, shaving, combing)	
	<input type="radio"/> Assist with dressing	
Mobility	<input type="radio"/> Assist with ambulation	<input type="radio"/> Assist with transfers
	<input type="radio"/> Assist with range/motion	<input type="radio"/> Assist with padding/position
Night care		
Medication management		
Bowel/catheter/continence care		
Special needs		
Hours of work (per week, per month)		
Special Diet		
Pets		
Smoking Preferences		

**SDS 598**

**Client**

**Date sent**

**Case number**

**Prime number**

**Date of birth**

**Social Security #**

**Program**

**Branch code**

**Worker**

**Phone#**



# Job responsibilities & standards

## Expectations

- Be sure that you fully understand your job responsibilities as described in the Service Plan or Task List. If your employer does not have a current Task List you can request one from the case manager. If you are asked to do a task that is not listed, tell your employer that you must check with the case manager.
- Provide advance notice, whenever possible, if you will not be able to be at your employer's home at the agreed-upon time. If you are sick or unable to make it to your employer's home, it is your responsibility to notify your employer (the client) as soon as possible.
- Report any change in the condition or circumstances of your employer to the case manager. Changes that need to be reported include illness, hospitalization or other situations affecting the client or their service needs.
- Call your employer's case manager if you are in doubt about how to handle a situation or problem.
- Do not discuss any personal or medical information about your employer. This information is confidential and should not be discussed with others. If you have any concerns about the client's medical or personal information, contact the case manager.



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## *Job responsibilities & standards — Expectations*

- Do not exchange money or personal property (e. g., borrowing, lending and selling anything with your employer is not allowed). You should not accept gifts from your employer.
- Always document any bills you pay for your employer on a cash record and obtain receipts for paid bills, shopping or any other transactions that you handle for your employer.
- Maintain a daily record of dates and hours worked and a copy of your payment voucher to support your payment requests.
- Show respect for your employer's home and personal belongings through common courtesies, such as asking permission before smoking or using the telephone.
- Notify your employer and the case manager if you plan to quit your job. Give as much notice as possible, preferably two weeks, even if you are planning a leave of absence.
- Keep the DHS/SPD/AAA staff informed of your availability, current address and telephone number in order to receive new job referrals and to avoid payment delays.
- Demonstrate respect for your employer by maintaining a neat and clean appearance.
- Some clients have allergies to perfumes, colognes and other fragrances. Ask your employer if they have allergies before bringing scented products, flowers or plants into their home.
- Do not bring any unwanted guests, children or pets into the employer's home.
- Each employer may be different in their ability to direct their own care. Some employers may not tell you what they want done or how to do it, but it is important that you encourage their involvement in decisions about their services whenever you can.
- Do not discuss your personal problems or concerns with your employer unless it affects your ability to provide services.
- Be aware of potential safety hazards in your employer's home. If the problem cannot be resolved with the employer, ask the case manager for assistance.

# Confidentiality

As a HCW you will often have access to personal information about your employer. You are legally obligated to keep that information **absolutely** confidential. **Unless your employer gives you specific permission, do not talk about your employer's personal information to anyone, except the case manager.**

Your employer's personal information may include:

- The fact that your employer receives any assistance from the State of Oregon or DHS;
- The fact that your employer needs assistance in meeting their service needs;
- Financial or medical information; or
- Other information about your employer.

**There may be serious consequences for all persons involved if the rule of confidentiality is broken:**

- Your employer could be embarrassed, harmed or exploited;
- You could lose your job as a HCW; and
- You could be excluded from future work as a HCW.



## Abuse issues

Some people, including case managers and nurses, are “mandatory abuse reporters.” They are required to report any suspected abuse of an older adult or person with disabilities. If you, as a HCW, see indications of abuse, we encourage you to report it to the local DHS/SPD/AAA office serving your employer.

### Abuse includes:

- **Abandonment** — Leaving or deserting an older adult or person with disabilities who cannot care for themselves and is dependent on the care provider for help. **Examples:** Not showing up or showing up late.
- **Financial exploitation** — Illegally or improperly using another person’s money or resources for personal profit or gain. **Examples:** Forging client’s signature, using client’s credit cards or taking the client’s personal items. To protect yourself from accusations of financial exploitation, you should never borrow money from your employer, and you should keep receipts for all purchases you make for your employer. For tasks such as shopping, you may want to keep a notebook of money received from your employer and the change returned to them.
- **Neglect** — Failing, whether intentional or due to carelessness, inadequate experience, training or skill, to provide basic care or services to a person as agreed to by legal, contractual or otherwise assumed responsibility. **Examples:** Denying medication or medical care.
- **Physical abuse** — Using excessive force or physical assault, such as hitting, slapping, biting, pinching or shoving a person.
- **Psychological abuse** — Using derogatory names, phrases or profanity; ridiculing, harassing, coercing, threatening or intimidating a person; or anything that denies their civil rights or that results in emotional injury. **Example:** Threatening by using “or else” statements.
- **Self-neglect** — When a person cannot understand the consequences of their actions or inactions that affect their basic well-being and may lead to self harm or endangerment.
- **Sexual abuse** — Sexual contact or conduct that is forced, tricked, threatened or otherwise coerced upon another person. **Examples:** Unwanted touching and sexual remarks.

# Conditions of employment

## Getting started

You must have the following in order to become a provider:

- Completed provider application packet;
- Proof of residency status and other required documentation, (e.g., birth certificate, passport, or driver's license) to complete the I-9 form; and
- Criminal history clearance.

After your application has been approved, you will be issued a provider number. This number is issued from the central DHS office in Salem. It identifies you for the payment system and shows that you are authorized to work for DHS/SPD/AAA clients with payment from the State of Oregon.



## Authorization of hours

The case manager will assess and determine the hours you will be authorized work. Refer to the Service Plan and Task List on page 6 for details.

## Tracking your time

Both you and your employer should record the hours that you work so there are no misunderstandings or mistakes on your paycheck. Decide on a method for tracking your hours. You may want to keep a calendar of the days and time you work. Make sure that you do not work more than the number of hours for which you are authorized to be paid through the Client-Employed Provider (CEP) Program.

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Keeping accurate records of hours worked makes it easy to fill out the payment voucher. **Common mistakes that could delay your payment:**

- Incomplete information;
- Not having the payment voucher signed by you and your employer;
- Using a pencil to fill out or sign the payment voucher: ink is required;
- The numbers or writing cannot be read — be sure to write clearly;
- Covering mistakes with correction fluid — instead, cross out any mistakes and have your employer initial all corrections;
- Entering partial hours incorrectly — partial hours must be written in decimals; in tenths of an hour. Each tenth of an hour is six minutes. (For example: one hour and twelve minutes should be recorded as 1.2 hours);
- Mailing your payment voucher before the last day you worked in the pay period — the payment voucher should be mailed after completion of the service hours;
- Claiming more hours than are authorized for payment; and
- Mailing the payment voucher late.

## Getting paid

Use the following steps to make sure that you receive your correct paycheck in a timely manner:

1. Once your employer has hired you and notified the case manager, you will receive a payment voucher (form SDS 598B) from DHS by mail. (See sample on page 17.)
2. The payment voucher will show your employer's name, your name and address, and the authorized service hours (and mileage, if applicable). If you have more than one client, you will receive a payment voucher for each client.
3. After you have completed the service hours for the pay period, mail your payment voucher that has been verified and signed by both you and your employer to the local DHS/SPD/AAA Office.

4. The local DHS/SPD/AAA office will check to make sure everything is correct and will process the payment electronically.
5. DHS will prepare and mail a check to you at the address you have provided. Please be sure you provide your current mailing address. Checks will not be forwarded. Undeliverable checks will be return to DHS Central office.
6. If the voucher has been completed and submitted correctly, paychecks are normally issued within three working days, excluding Oregon and federal holidays.
7. Within a few days after you have received your paycheck, you should also receive a payment voucher to use for the next pay period.
8. DHS is making payments to you on behalf of the client, your employer, for all in-home services authorized in the Service Plan. This payment is considered as payment-in-full for the services you have provided. Under no circumstances should you ask for, or accept, any additional payment for these services from the client, the client's family or any other source.

## The payment voucher

You will be paid after you turn in a completed payment voucher (SDS 598B). This voucher is considered your time sheet and is a claim against DHS for payment of services provided. The SDS 598B is generated through the local DHS/SPD/AAA office, but is mailed from Salem.

**Boxes 1 – 12: Are prefilled by DHS.**

- Box 1: Local office cost/branch and phone numbers.
- Box 2: Provider name and address and provider number.
- Box 3: Client name.
- Box 4: Prime number.
- Box 5: Type of authorized service(s).

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*Conditions of employment – The payment voucher*

- Box 6:** Dates of current pay period.
- Box 7:** Total hours authorized by your client’s case manager.
- Box 8:** Hourly authorized pay rate.
- Box 9:** This figure is your total gross wage.
- Box 10:** FICA is the employee portion of Social Security being withheld from your check. WCD is the return-to-work fee for your workers’ compensation coverage.
- Box 11:** If you worked all of the authorized hours, this is the amount your check will be.
- Box 12:** Please disregard maximum general household hours authorized per week. **Box 12** will also show mileage allowed if it has been authorized.

**Boxes 13 – 20: Completing the payment voucher.**

**You must complete boxes 13 - 20 to be paid.**

- Box 13:** Enter year, month and **first** day of the pay period shown in **Box 6**.
- Box 14:** Enter the year, month and **last** day you worked in the pay period.
- Box 15:** Enter total hours you worked during the pay period — the hours you enter cannot be more than the number authorized in **Box 7**. Only the case manager or local office staff can authorize more hours.
- Box 16:** Enter any Service Plan-related mileage if mileage was prior-authorized by the case manager for the client.
- Boxes 17 – 18:** Sign your name and date the voucher. If you do not sign your name, your voucher will be returned to you without payment. Remember, the date you enter cannot be earlier than the day you entered in **Box 14**.

*Continued on page 18*

1	After last day worked complete boxes 13 -20. Save one copy for your records and return one copy to: (Office Address)	Cost Code: Phone:			
2	Provider Name and Address	Provider Number			
>> THIS REPLACES << >> PREVIOUSLY ISSUED<< >> AUTHORIZATION # << >> <<					
3	Client:	4 Prime Number:			
5	Services Authorized:    ( ) OC111: Hourly ( ) OC112: Live-in ( ) OT111: Transportation ( ) SP111: Sp Pay ( ) OC115: Respite  Authorized on / / by:				
6	7	8	9	10	11
Service Period Authorized ( / / ) thru ( / / )	Max Hours Authorized	Wage \$	Maximum Taxable \$	FICA/WCD \$	Net \$
12	Maximum mileage reimbursement is    miles @ .26 per mile: \$ Personal Care Attendant (PCA) Shelter Allowance: \$ Maximum general household hours authorized per week:				
13	14	15	16		
Begin Work ( MO / DA / YR ) ( / / )	End Work ( MO / DA / YR ) ( / / )	Hours Worked (Actual)	Total Mileage (Actual)		
PROVIDER CERTIFICATION: Invoiced amount for this claim is \$ It includes PCA Shelter Allowance (box 12), Employer's share of FICA/WCD (box 10), Employee's share of FICA/WCD (box 10), Mileage (box 12), and Net wages (box 11). I have read and fully understand the following agreement: Payment of this claim will be from federal and state funds. Any falsification or concealment of a material fact may be prosecuted under federal and state laws. I am NOT an employee of the Department of Human Services, any of its Divisions or of any Area Agency on Aging. The Department, in consideration of the services provided, agrees to pay the employee at authorized rates, upon receipt of proper invoices(s). Payment will not be made for any hours worked over the Maximum Authorized (box 7). No additional charges shall be imposed to either the employer, or the Department, or the Area Agency on Aging under this agreement. I will receive a payment for Mileage Reimbursement and Taxable Wages minus the Employee FICA/WCD. The payment may be reduced by recoveries, garnishments or deductions.					
I have not worked more than the weekly maximum general household hours authorized. By signing this invoice, I certify the above information is true, accurate and complete.					
17 Provider/Employee Signature			18 Date		
CLIENT CERTIFICATION: By signing this invoice, I certify that the service described above was received by me. I hereby designate the Department an agent for the purpose of doing all that is required of myself pursuant of Section 3504 I.R.C. (This designation is not applicable if the payee is a private firm or agency employee.)					
19 Client/Employer Signature			20 Date		

**Box 19 – 20:** Once you have completely filled in all the boxes, take the voucher to your employer to sign and date. If the employer is unable to sign, someone with Power of Attorney for your employer can sign instead. If no one has Power of Attorney, the employer's case manager can sign.

**Never ask the client to sign a blank voucher.**

**Never sign the voucher for the client. Signing someone else's signature is considered fraud. Contact the case manager if there are reasons the client cannot sign the voucher.**

After completing the authorized hours at the end of the pay period, submit your voucher for payment by dropping it off at the DHS/SPD/AAA office in person or by mailing it to the address in **Box 1** on the voucher. By signing the voucher you are verifying you have already worked the hours for that pay period.

Keep one copy of the voucher for your tax records. Federal law requires that you keep your copy of the voucher for three years.

## Mileage

Mileage reimbursement must be pre-approved by the client's case manager. The authorized mileage amount will be listed on the payment voucher. Mileage reimbursement will only include Service Plan-related mileage. You must have a valid driver's license to be reimbursed for mileage. DHS/SPD/AAA is not responsible for any vehicle damage while transporting clients.

## Paid leave

**Live-in homecare workers** and **spousal pay providers** who are the only homecare workers for a client during a month, will earn one 24-hour period of leave each month. If you work part of a month as a live-in, or if there is more than one live-in homecare worker for the same client, you can receive part of the 24-hour leave.

Live-in HCWs can earn up to a total of 144 hours of accrued leave. Coordinate with the client and case manager when you want to take the leave. You can use the paid leave in as little as one-hour increments or in 24-hour blocks. If your employment ends, you will keep your accrued leave if you become employed again as a live-in with another client within one year.

**Hourly homecare workers** — Starting July 1st of each year, homecare workers who worked 80 authorized and paid hours in any two of the following months: April, May or June, will earn eight hours of paid leave to use between July 1st and June 30th of the current year.

Paid leave for hourly homecare workers does not accumulate — it is a “use-it-or-lose-it” benefit. When you use your leave, it must be taken in one eight-hour block or in amounts that are the same as your normal workday. Also, your employer and the case manager must authorize you to take the time off. Homecare workers can’t be paid for leave time unless the time off work is actually taken. If the hours are not used within the July 1 – June 30 year, you will lose the paid leave hours.



## Latex gloves and protective masks

Medicaid clients may be able to get gloves and masks covered under their Oregon Medical Assistance Program (OMAP) medical coverage. Your client can contact the phone number on his/her medical card. If they can’t get these items covered, contact the local SPD/AAA office. Gloves and masks are covered for homecare workers who may come in contact with clients’ bodily fluids on the job. Gloves and masks are not covered for general housekeeping tasks.

## Remittance advice

The remittance advice comes with your paycheck. It shows you the clients you worked for, the service period you worked, the hours you worked for each client and the hourly rate. It also shows you any mileage reimbursement you are receiving. The amount shown as “taxable wages” is what DHS reports to the Internal Revenue Service and is the amount reported on your W2 form. Mileage reimbursements are not considered taxable wages.

**Voucher-ICN, Cost Code, Prime ID** — Each voucher has a unique number so that authorization and payment can be tracked. The cost code is the identification number for the local SPD/AAA office. The Prime ID is the identification number for the client/employer.

**Adjustment (ADJ RSN)** — The adjustment codes are explained toward the bottom of the remittance advice. Adjustments include underpayments and overpayments.

**Underpayments** — An underpayment is when the homecare worker was issued less payment than the amount they were authorized to receive. The adjustment results in an additional amount paid to the homecare worker.

## Deductions

**FICA (The Federal Insurance Contributions Act)** is deducted from your wages and goes towards Social Security and Medicare.

**Workers’ Compensation (WCD)** — An employment tax called the “benefit fund assessment” is deducted from your wages. This tax goes to pay for “return to work services” for homecare workers who are injured on the job.

**SEIU Deduction** — Union dues are deducted for homecare workers included in the bargaining unit who are working more than 32 hours per month. SEIU handles questions about union dues.

**Overpayments (OVP)** — An overpayment is when a payment is made to a homecare worker that is more than the person was authorized to receive. When this happens, overpayments are deducted from the HCW’s wages until the full amount is paid back.

**Garnishments** are deductions ordered by the courts such as for child support, IRS back taxes and educational loans. Any garnishment will appear on the “Provider/Employee Earnings Summary.” If there is not a garnishment, you will not see this section on the remittance advice.

## Your tax responsibilities

**State and federal income taxes** — You are responsible for any federal and state income taxes owed to the Internal Revenue Service and the Oregon Department of Revenue on your earnings in the Client-Employed Provider Program. These taxes must be paid quarterly or annually.

Neither your employer nor DHS are responsible to deduct or mail your personal income taxes. If you have any questions about these taxes, you may call the following numbers:

**Internal Revenue Service (IRS): 1-800-829-1040**

**Oregon Department of Revenue (ODR): (503) 947-1488**

DHS will mail your W-2 form (the record of your earnings for the previous year you file with your income tax reports) no later than January 31st.

### *Important reminder*

Please report address changes to the local DHS/SPD/AAA office even if you are not currently working for an DHS/SPD/AAA client so that your W-2 is mailed to the correct address.

## Denial or termination of homecare worker enrollment

DHS may deny an application or terminate the enrollment for a homecare worker in the Client-Employed Provider Program when:

- The applicant has a history of violating protective service, abuse and neglect laws;
- The applicant has committed fiscal improprieties;
- The applicant does not have the skills, knowledge or ability to adequately or safely provide services;

- The applicant has an unacceptable criminal history;
- The applicant is not 18 years of age;
- The applicant has been excluded by the Health and Human Services, Office of Inspector General from participation in Medicaid, Medicare and all other federal health care programs;
- DHS has information that enrolling the applicant as a homecare worker would put vulnerable clients at risk; or
- The applicant failed to complete orientation within ninety (90) days of enrollment.

## Unemployment insurance

Unemployment insurance replaces part of the income you lose when you become unemployed. It is a benefit available to eligible workers who are out of work through no fault of their own.

### *Who is eligible?*

You must be considered “laid off,” rather than terminated, and you are required to be actively seeking employment. You need to contact your local DHS/SPD/AAA office letting them know you are seeking new clients. If the local office keeps a registry of homecare workers, be sure your current contact information is on the provider list.

### *Who is not eligible?*

If you were terminated from employment by the client, for good cause, or your payment authorization was terminated by DHS, you are not eligible for unemployment compensation.

### *What happens when a homecare worker applies for unemployment insurance?*

When a homecare worker applies for unemployment compensation, the Employment Department will send a notice that a claim has been filed to either the local or central office of DHS. Although you are employed by your client, the Employment Department considers DHS to be the employer for purposes of unemployment compensation. DHS has the right to respond to that notice.

If the homecare worker is found eligible for unemployment and DHS disagrees based on information that the homecare worker has been terminated for cause, or that there is other work available, DHS will appeal that decision.

Either side will be able to request a hearing and appeal if they disagree with the decision made by the Employment Department whether to allow or deny benefits.

## Getting your job-related questions answered

As a homecare worker, you will be communicating primarily with the CEP clerk, your employer's case manager and the Homecare Workers' Union.

**The CEP clerk** answers questions related to authorization for working and payment processes. The CEP clerk may also:

- Provide application packets;
- Provide orientation information;
- Obtain criminal history checks and provider numbers from Salem;
- Process vouchers and issue payments;
- Update HCW referral lists.

The **case manager** handles all questions related to an individual client such as:

- HCW's Task List;
- Number of hours and mileage authorized;
- Hourly wage rate;
- Any changes in your employer's service needs.

The **Homecare Workers' Union** (SEIU 503, OPEU) handles all questions relating to union membership, representation and benefits such as:

- Grievances;
- Union membership enrollment;
- Dues deductions;
- Termination appeal rights;
- Membership benefits (life insurance, Mastercard, etc.);
- Local office bulletin boards.

*Conditions of employment — continued*

**Workers' compensation** — Injury Claims Assistance Inc. (ICA) will handle all workers' compensation claims if a homecare worker is injured on the job. The toll-free number is 1-888-365-0001.

**Health insurance** — Questions regarding health insurance benefits should be directed to the Homecare Union Benefits Board (HUBB) at 1-866-364-4822.

# Commonly used terms

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The Client-Employed Provider Program may use words that are unfamiliar to you. Here are the more commonly used terms and their definitions:

**Activities of Daily Living (ADL)** — Activities performed in the course of a normal day in a person's life — such as eating, dressing and grooming, bathing and personal hygiene, mobility, bowel and bladder care, and cognition (thinking and reasoning).

**Case management** — The observation, assessment and assistance in developing a Service Plan. This service is provided by an employee at the local DHS/SPD or Area Agency on Aging (AAA) office.

**Case manager** — A person that observes, assesses and assists the client in the development of a Service Plan.

**Client** — The individual eligible for in-home services.

**Client-Employed Provider (CEP) Program** — The DHS/SPD/AAA program that provides essential supportive services which enable the client to stay in their own home. The client is the employer and the person hired to provide services is the employee.

**FICA** — The Federal Insurance Contributions Act imposes a tax on employers and employees to fund the Social Security system.

**Full assistance** — Client is unable to do any part of an activity of daily living; someone else must do the entire task.

**Homecare worker (HCW)** — Provider who is directly employed by the client and provides either hourly or live-services to eligible clients.

**Hourly services** — ADLs and self-management services provided on an hourly basis.

**Independent** — A client is able to perform an ADL or task with no assistance from another person.

**In-home services** — Supportive services to help clients remain in their own homes.

*Commonly used terms — continued*

**Live-in services** — An in-home plan where at least one HCW is providing “24 hour availability” at least five days in a calendar week to a client who requires those services.

**Medication management** — Help with obtaining, giving and using any medication or remedy.

**Minimal assistance** — A client is able to perform the majority of a task with some assistance from another person.

**Provider** — The individual (employee) hired by a client (employer) to render services authorized by DHS/SPD/AAA. Also known as a homecare worker.

**Respite** — A period of relief for live-in providers who earn 24-hours of respite per month of employment.

**Self-management** — Activities, other than ADLs, performed by an individual to continue independent living. Such activities would include meal preparation, transportation, medication management, shopping and housekeeping.

**Service need** — Any assistance needed with ADLs, self-management tasks or 24-hour availability.

**Service Plan** — A plan developed by the client with the assistance of a case manager. The plan includes service needs, hours, and wages approved by DHS/SPD/AAA.

**Substantial assistance** — A client requires assistance with most of a task.



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