

Aging and People with Disabilities

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Number: APD-IM-15-060
Issue date: 8/19/2015

Topic: Long Term Care

Subject: Form SDS 4105 updated on the Form Server

Applies to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All DHS employees
<input checked="" type="checkbox"/> Area Agencies on Aging
<input checked="" type="checkbox"/> Aging and People with Disabilities
<input type="checkbox"/> Self Sufficiency Programs
<input type="checkbox"/> County DD Program Managers
<input type="checkbox"/> ODDS Children's Residential Services
<input type="checkbox"/> Child Welfare Programs | <input type="checkbox"/> County Mental Health Directors
<input type="checkbox"/> Health Services
<input type="checkbox"/> Office of Developmental Disabilities Services(ODDS)
<input type="checkbox"/> ODDS Children's Intensive In Home Services
<input type="checkbox"/> Stabilization and Crisis Unit (SACU)
<input type="checkbox"/> Other <i>(please specify):</i> |
|---|--|

Message: Form SDS 4105 the Homecare Worker Notice of Authorized Hours and Services has been updated on the Form Server. The following new information has been added to the form:

- A statement to notify homecare workers of their responsibility in knowing the date when their credentials expire. This date is based on their criminal background check end date and a new Provider Enrollment Agreement (PEA) which must be signed at the same time.
- A statement to notify homecare workers that they are not eligible for payment if their credentials are expired. **Case managers should verify each homecare worker's status in Oregon ACCESS prior to authorizing a service plan.**

The 'Reason for action' section has been removed, as it is not information that is required to be supplied to the homecare worker.

If you have any questions about this information, contact:

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