

and that DHS may terminate the enrollment of a HCW who violates client confidentiality. The form provides specific examples of confidential client information that should not be shared without permission from the client. Homecare Workers must be given a blank copy of the form to keep for their information. Although some local SPD/AAA offices may already be using similar confidentiality forms, local offices should begin using this version, which has been reviewed by the Home Care Commission.

Please note that in conjunction with the use of this form, OAR 411-031-0020 "Definitions" (20) - "Lack of skills, knowledge and ability to adequately or safely perform the required work" was updated to include a Homecare Worker being "unable or unwilling to maintain client confidentiality." "Lack of skills, knowledge and ability to adequately or safely perform the required work" is a violation listed in OAR 411-031-0050 (2) (b) (C) which may result in termination of a Homecare Worker's provider enrollment.

The SDS 0356 form must be signed by the HCW in the presence of a SPD/AAA employee as part of the enrollment process. Therefore, the HCW applicant should return the enrollment packet to the local office so that the signature on this confidentiality form can be witnessed. This may be done when the SPD/AAA staff verifies the Homecare Worker's identification documents needed to complete the I-9 form. *(Please see Information Memorandum 04-058 for details regarding I-9 form verification).*

Transition Instructions for SDS 0356:

Local SPD/AAA offices should send the (SDS 0356) *Client-Employer's Right to Confidentiality* to **currently enrolled** Homecare Workers when it is time to renew their criminal history clearance release authorization form. OAR 411-031-0040 indicates criminal history clearances must be completed at least once every two years. Some offices may choose to have the confidentiality agreement signed prior to the next criminal history clearance if Homecare Workers are coming in to the local office for other reasons.

Request To Cancel Direct Deposit – SDS 7263

Although a Homecare Worker may provide any signed, written request stating their intent to cancel enrollment in Direct Deposit, local offices and Homecare Workers have requested that a cancellation form be created for this purpose. If a Homecare Worker who previously enrolled in Direct Deposit wishes to cancel that request, this new form may be used. This particular form is returned completed and signed to the Direct Deposit Unit at SPD Central Office as indicated on the form. At this time, local SPD/AAA offices are not able to enroll or disenroll Homecare Workers from Direct Deposit.

Direct Deposit Enrollment (7262H) - added 2nd page with enrollment information

SPD is in the process of adding a second page to the Request for Direct Deposit form (7262H) with information for the Homecare Worker to keep. This page will inform Homecare Workers that receiving an electronic deposit of Homecare Worker wages may take longer than receiving a check through the mail. It also lets those interested in enrolling that they will be responsible for any insufficient funds charges on their account and that DHS will not reimburse overdraft charges when a Homecare Worker was expecting a direct deposit but did not verify that funds were received in their account prior to making purchases.

Termination of Homecare Worker Provider Enrollment and Number – SDS 0613

Form DHS 0613 has been revised to reflect the rule changes filed for OAR 411-031-0020 “Definitions” and 411-031-0050 “Administrative Review and Hearing Rights”. As described above, these rule changes include the failure to maintain client confidentiality as a reason for termination of the Homecare Worker provider enrollment. “Violation of client confidentiality” has been added as a reason for termination on the form.

The rule revisions also included changing the term “*immediate suspension*” to “*immediate termination*” when a violation presents imminent danger to current or future clients. What had been previously referred to as “*termination*” has been changed to “*termination pending appeal*.” “*Termination pending appeal*” reflects Homecare Worker provider enrollment terminations based on violations that do not present imminent danger to current or future clients. In “*termination pending appeal*,” the Homecare Worker is allowed ten business days to appeal the termination of their provider enrollment. The DHS 0613 form has been revised to reflect these new terms.

On-line Resources

The Homecare Worker webpage has been updated to include frequently asked questions on the topics of Income Tax Withholding, Direct Deposit and Workers’ Compensation. You can locate these frequently asked questions on-line at:

<http://www.dhs.state.or.us/spd/tools/homecare/index.htm>

Once you access the Homecare Worker webpage, you will need to scroll down to see the frequently asked questions. Scrolling down even further, you will find all of the transmittals issued since 2003 on the subject of Homecare Workers. Those who access this information often may want to add this page to their list of favorite webpages.

Documents Included in the Homecare Worker Enrollment Packet

Homecare Worker enrollment packets should include:

- Homecare Worker application form – either: (1) the local office version of the Homecare Worker enrollment application form, (2) the DHS 0355 *Career HCW Application* or (3) the DHS 0355B *Exclusive HCW Application*.
- *Criminal History Release Authorization* (DHS 0301)
- Form I-9 - *Employment Eligibility Verification* (Immigration and Naturalization)
- SDSA 736 *In-Home Services Provider Enrollment*
- IRS Form W-4 – *Employee's Withholding Allowance Certificate*
- *Client-Employer's Right to Confidentiality* (SDS 0356)
- *Request for Direct Deposit* (DHS 7262H) (*note: completing this form is optional*)

Training/Communication Plan: The (SDS 0356) *Client-Employers' Right to Confidentiality* form was presented at the Home Care Commission's November 30, 2005 meeting and at the Train The Trainer workgroup on December 15, 2005.

Local/Branch Action Required:

Begin including the (SDS 0356) *Client-Employer's Right to Confidentiality* in Homecare Worker enrollment packets for all enrolling Homecare Workers. Provide the (SDS 7263) *Request to Cancel Direct Deposit* form to those Homecare Workers who request a form for this purpose.

Recycle any previous versions of the DHS 0613 *Termination of (Homecare Worker) Provider Enrollment and Number* and begin using the revised version when necessary.

Central Office Action Required: Provide technical assistance to SPD/AAA offices handling violations of client confidentiality and other circumstances that may warrant termination of a Homecare Workers' provider enrollment. Continue to revise forms and update on-line resources as needed.

Field/Stakeholder review: Yes No

If yes, reviewed by: *Client-Employer's Right to Confidentiality* form (SDS 0356) reviewed by Homecare Workers' Union (SEIU Local 503, OPEU), Home Care Commission and the Train the Trainer workgroup. *Request to Cancel Direct Deposit* (SDS 7263) reviewed by SPD Provider Information Systems and sent to the Oregon State Treasury for review.

If you have any questions about this policy, contact:

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

Homecare Worker Statement of Understanding Regarding the
Client-Employer's Right to Confidentiality

As a Homecare Worker (HCW), you will often know personal information about the people you work for (known as your client-employers). By law, you must keep that information confidential. Unless you have permission from the client- employer, you may not talk about your employer's personal information to anyone except for employees of the local Senior or Disability Services office and the registered nurse referred by the case manager.

There may also be circumstances, such as medical emergencies, when it is necessary to share information to prevent a serious threat to the health and safety of the client-employer. If you are uncertain whether client information can be shared in a certain situation, check with the case manager.

Your employer's confidential information includes:

- The name of the client-employer you work for;
- The client-employer's phone number or address;
- Information that a client-employer receives any public assistance from the State of Oregon, DHS or the local Senior or Disability Services office;
- The fact that a client-employer needs any type of assistance in meeting their service needs (such as walking, dressing, eating);
- Information about your client-employer's financial resources, including property, accounts, the type of income he or she receives, or other financial activities;
- Medical information such as medical diagnoses, health status, emotional disorders, or medication your client-employer takes; or
- Other information about your employer such as their age, religious affiliation, interpersonal relationships or other personal matters.

There may be serious consequences for all persons involved if confidentiality is broken:

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

Confidentiality Agreement

All personal details and medical and financial information about the client-employer's life are confidential. Confidential information will not be shared with anyone except employees of the Senior or Disability Services office. Your client-employer, or his or her attorney or guardian, may give you permission to share certain information. You may want to request written permission from your client-employer if you need to be able to share information about the client with specific individuals on a regular basis.

By signing below, you agree not to share any client-employer information with your neighbors, family, or friends. You also agree not to share information with the client-employer's neighbors, family or friends unless the client-employer has given you permission. Violation of client confidentiality may result in the termination of provider enrollment and payment through DHS. Information may be shared with law enforcement or medical providers in emergency situations. Homecare Workers are strongly encouraged to report instances of neglect and abuse.

Homecare Worker Signature

Date

Witness Signature

Date

(SPD/AAA Employee)

Must be signed in front of an SPD / AAA Employee



Homecare Worker Request to Cancel Direct Deposit

This is a request to DHS to **cancel** the electronic deposit of a homecare worker's provider payments into their personal bank or credit-union account.

Once this request has been processed, the homecare worker will begin to receive provider payments by paper checks sent through the mail (United States Postal Service).

Authorization to Cancel Direct Deposit

By signing below, I am requesting that DHS cancel my request for Direct Deposit. This means that DHS will discontinue making electronic provider-payment deposits into my personal account.

Print your name (last, first, middle initial):

Social Security Number:

Mailing address:

Provider number:

Signature:

Date:

Bank or Credit Union Information

*I am requesting that DHS **cancel** electronic deposits going into the following personal account:*

Account type: (check one)

Checking Savings

Name of bank or credit union:

When the form is complete....

- Return the signed form to: SPD – Direct Deposit Unit, PO Box 14960, Salem, OR 97309-5045. *Please do not send other correspondence to this address.*
- If you choose to enroll in direct deposit again at a later time, you will need to complete a new Request for Direct Deposit (SDS 7262H). You can get this form at the local Senior or Disability Services office.

DHS Use only: Branch:

Date entered:

Entered by:



Seniors and People with Disabilities

Information Regarding Direct Deposit for Homecare Workers

Thank you for your interest in Direct Deposit. Here is some information you should know before you enroll in Direct Deposit.

- Direct Deposit is voluntary for Homecare Workers who choose to sign up. You can choose to receive paper checks in the mail if you prefer.
- There are several advantages to Direct Deposit:
 - For those who have had checks stolen or lost in the mail, Direct Deposit provides a more secure way of getting the money directly into your account.
 - Direct Deposit can save you a trip to cash or deposit your check.
 - You will still receive a remittance advice showing the payments received for each client
 - If you move frequently but tend to keep the same bank account, your check will be deposited right into your bank account. For security reasons, checks sent by mail are not forwarded; instead, they are returned to DHS central office for processing.
- Electronic deposits take extra time compared to receiving a check in the mail. It takes three banking days to get from the Department of Human Services (DHS) to the Homecare Worker's bank. Banking days are Monday through Friday, excluding holidays. The reason it takes longer is that Oregon Administrative Rules require all state funds, including provider payments, to go through a clearinghouse at the State Treasury before they are sent electronically to the Homecare Workers bank or credit union.
- If you decide to cancel Direct Deposit at a later time, you can send a written, dated and signed statement requesting that Direct Deposit be canceled. No specific form is required. However, DHS Seniors and People with Disabilities (SPD) developed a form called the *Request to Cancel Direct Deposit* (form number SDS 7263) that can be used for this purpose. A copy of this form can be obtained through the local Senior or Disability Services office.
- If you were expecting a check through Direct Deposit and you receive an overdraft charge on your personal bank account as the result of insufficient funds, DHS cannot reimburse you for those overdraft charges. As the account holder, you are responsible to make sure your funds are received in your bank account, before you make purchases.
- Each bank/financial institution has its own schedule for processing Direct Deposits. You will need to check with your bank/financial institute to see when they process direct deposits and to confirm receipt of funds.



Notice of Termination of Homecare Provider Enrollment and Number

Date: _____

To:

CERTIFIED MAIL

The action(s) listed below will be taken. If you have questions, please call the local Seniors and People with Disabilities (SPD)/ Area Agency on Aging (AAA) office.

Beginning _____

Termination Pending Appeal

Your provider number will be terminated. If you wish to appeal, you must file a written request within ten business days for an Administrative Review with the Program Manager for the local SPD/AAA office. If you submit a timely appeal in writing, you can continue working during the administrative review process.

Beginning _____

Immediate Termination

Your provider number has been immediately terminated because you committed a violation that presents imminent danger to SPD/AAA clients. This means you must stop working. You may not continue to work for any SPD/AAA clients. If you wish to appeal, you must file a written request within ten business days to Seniors and People with Disabilities (SPD) Central Office.

You can send your written appeal to the following address:

Program Manager SPD Central Office

Appeal address:

You have the right to union representation. You may contact the SEIU Homecare Workers' Union Local in Portland at (800) 527-9374, or in Salem at (800) 452-2146. If you do not submit a written appeal within ten business days of this notice, your provider enrollment will be terminated.

Oregon Administrative Rules: 411-031-0020, 411-031-0040, 411-031-0050

Reason for termination: *(Check all that apply.)*

- Violation of the requirement to maintain a drug-free workplace
- Unacceptable criminal history (see also OAR 410-007-0200 to 410-007-0360)
- Lack of skills, knowledge and abilities to adequately or safely perform the required work
- Violation of protective service and abuse laws
- Fiscal Improprieties were committed
- Failure to provide services as required
- Engaged in unacceptable conduct at work
- Failure to meet age requirements, as described in OAR 411-031-0040
- Failure to complete orientation within ninety (90) days of enrollment
- Violation of client confidentiality
- The following is a description summarizing the violation(s) committed:**

SPD/AAA will respond in writing to any timely appeal. If all appeals through the SPD/AAA Administrative Review are denied, you will have the right to an administrative hearing pursuant to OAR 137-003-0000 through 137-003-0700 and 411-031-0050.

Signature of local office representative

Title

Local office contact information:
