

«Office_Name» «Office_Type»
«Address_Line_1»
«City1», «State1» «Zip1»

«Prov_first_name_» «prov_last_name»
«addr_line1»
«addr_line_2»
«city», «state» «zip»

On October 1, 2015, Area Agencies on Aging (AAA) and Aging and People with Disabilities (APD) will jointly pilot changes that will affect you. AAA/APD will be piloting a new voucher that is required due to federal rule changes.

Pilot branches include;

The Dalles APD
Mid-Columbia COG – The Dalles (MCCOG)
Oregon City APD
Clackamas AAA
Tillamook Senior & Disability Services (NWSDS)

❖ Please be sure to return your new voucher to one of these offices. ❖

Payment Voucher Change

AAA/APD is replacing the current payment voucher for hourly in-home care providers (Medicaid and OPI). This change does not apply to individuals that receive only live-in services or are receiving services under the Independent Choices Program.

Because of federal rule changes, you will be required to begin tracking the start time and end time for each shift worked on the new voucher. Training on how to correctly complete a voucher will be made available to you. Please contact your local branches Homecare Coordinator with additional questions.

Additional information, training and guidance will be provided as the effective approaches.

You may email questions regarding payment voucher changes to:

DOL.Questions@State.OR.US

To find your local office contact information use the following web address.

<http://www.oregon.gov/dhs/spwpd/Pages/offices.aspx>

Example:

If on September 2 the HCW worked 9:00 am to 12:00 pm for an individual, the HCW will write this on the voucher. The HCW will also be tracking mileage on this voucher. It is important to be sure that the dates and hours worked are correct on the voucher you sign.

- This example also shows:

- How to report two shifts in one day with a break between them (9/2)
- How to report working one shift that goes past midnight (9/9 – 9/10)

Recipient name:				Recipient #:			
Provider name:				Provider #:			
Representative name:				Case worker:			
Service period auth:				Service period worked: 9/2/15 - 9/10/15			
Total hours authorized: @ \$RATE				Total hours provided: 17:31 OPTIONAL			
Mileage authorized: @ \$RATE				Mileage provided: ④ 15			
① Date	② Start Time			③ End Time			
9/2	9:00	AM	PM	12	AM	PM	3
9/2	12:30	AM	PM	3:47	AM	PM	3:17
9/5	9	AM	PM	12:45	AM	PM	3:45
9/9	8:30	AM	PM	11:59	AM	PM	3:29
9/10	12:00	AM	PM	4	AM	PM	4

Do not sign a voucher that is blank or that has not been completed correctly.

HomeCare Worker Quick Reference Guide

How to get started with your consumer-employer

- Confirm that your credentials (e.g., background check) and provider number are active and valid.
- Do **not** start working before being authorized to do so.
- Review the Task List with your consumer-employer.
 - o Only services described and authorized on the task list will be paid.
 - o You cannot be paid by your consumer-employer or by APD/AAA to provide other services, such as yard work or pet care.
- Develop a schedule with your consumer-employer (STEPS is a good resource for your consumer-employer).
 - o You are not allowed to work more than 50 hours per week for each consumer employer you are serving.
 - A work week is defined as 12:00 AM Sunday through 11:59 PM Saturday.
 - o It is your responsibility to make sure you are not exceeding 50 hours per week for each consumer employer you are serving.

How to fill in your new voucher

The following fields must be completed to be accepted as a correctly completed voucher.* Please remember, you cannot be paid if your voucher is not correctly completed.

1. In the 'Date' column enter the day that you are working (e.g., 09/02, 02, 10, 11th)
2. In the 'Start Time' column enter the time you begin your shift (e.g., 10:00, 10:30, 11).
Make sure to mark AM or PM
3. In the 'End Time' column enter the time you completed your shift (e.g., 2, 2:30).
Make sure to mark AM or PM
4. In the 'Mileage Provided' field enter total service mileage provided for the pay period.

*The 'Total hours provided' column is an optional field, you are not required to complete it.

Recipient name:				Recipient #:			
Provider name:				Provider #:			
Representative name:				Case worker:			
Service period auth:				Service period worked: 9/2/15 - 9/10/15			
Total hours authorized: @ \$RATE				Total hours provided: 17:31 OPTIONAL			
Mileage authorized: @ \$RATE				Mileage provided: ④ 15			
①	Date	②	Start Time	③	End Time	④	Total Hours
	9/2	9:00	AM PM	12	AM PM	3	3
	9/2	12:30	AM PM	3:47	AM PM	3:17	3:17
	9/5	9	AM PM	12:45	AM PM	3:45	3:45
	9/9	8:30	AM PM	11:59	AM PM	3:29	3:29
	9/10	12:00	AM PM	4	AM PM	4	4

YOU AND YOUR EMPLOYER MUST SIGN THE COMPLETED VOUCHER PRIOR TO SUBMISSION

Frequently Asked Questions

Time Capture

1. What if I'm working multiple shifts in the same day?
 - a. *If you take a break during the day you will need to list the two shifts separately. See the first two lines of the sample on the first page.*
 - b. *Example: You worked from 9:00 am – 12:00 pm & 12:30 pm – 3:47 pm you would fill in two lines*
2. What if I work past midnight, across two days?
 - a. *If you work one shift continuously past midnight you must report as two shifts. See the last two lines of the example on the first page.*
 - b. *Example: You worked from 8:30 pm – 4:00 am without taking a break you would fill in two lines; 8:30 pm – 11:59 pm & 12:00 am – 4:00 am*
3. What if my consumer-employer does not sign my voucher?
 - a. *Your employer must sign the voucher before it can be processed for payment.*
 - b. *If they are unable or unwilling to sign you may contact the Case Worker for further assistance.*
4. When can I turn in a voucher?
 - a. *You may turn in your voucher any date after services have been provided.*
5. What if I lose my timesheet with all of the day-to-day entries on it?
 - a. *You receive two copies in the mail. One can be used as a back-up in the event of a lost voucher.*
 - b. *Your employer is also expected to keep track of your time per the employer handbook.*
6. Do I use the same timesheet if I am a live-in HCW?
 - a. *No, there is a different voucher for live-in HCWs*

Hours

7. How many hours am I allowed to work for one consumer/employer in a month's period?
 - a. *You may work up to the number of hours that have been authorized to you.*
 - b. *Any work completed in excess of those authorized on your voucher must be prior approved by your employer's Case Manager.*
8. How many hours am I allowed to work for all of my consumer/employers in a month's period?
 - a. *Currently, you may work up to the number of hours that have been authorized to you.*
9. How is the number of hours I am authorized to work determined?
 - a. *The amount of hours you have been authorized is based on a functional needs assessment and service plan done between your employer and their case manager*

Reimbursements

10. Will I be reimbursed for mileage and travel time when I have to drive from my home to a work site, or when I drive from a work site to my home?
 - a. *No*
11. Will I be reimbursed for travel time when I take public transportation from my home to a work site or from a work site to my home?
 - a. *No*

Rights and Protections as a HCW

12. Do HCWs have a right to meal breaks?
 - a. *No*
13. What if I am asked by my consumer/employer to work more hours than my task list allows?
 - a. *Contact the consumer/employer's Case Manager.*

14. Am I an employee of the State of Oregon?

- a. *No. For purposes of payment and collective bargaining, the state is a third-party or joint employer. For all other purposes, your consumer is your employer.*

Branch Name
 Branch Address line 1
 City, State zip-code

Provider Name
 Provider Address Line One
 Provider Address Line Two
 Provider City, State Zip Code

Provider #
 Voucher #

When completing payment voucher, save the provider copy for your records and return this copy to the branch office.

Provider Statement of Understanding:

Payments will be made based on time in and time out reporting. Vouchers submitted without time in and time out fields completed will not be processed. The hours worked column is optional and is intended to assist in the total hours provided calculation. Payment will not be made for any services provided over the maximum authorized unless prior approved by a case manager. No additional charges shall be imposed to either the consumer-employer (*recipient*), the Department, Area Agency on Aging or any CDDP/Brokerage under this agreement. Any falsification or concealment of a material fact may be prosecuted under federal and state laws.

If for any reason you do not understand this information contact legal representation.

How to fill in your new voucher

The following fields must be completed to be accepted as a correctly completed voucher.*
 Please remember, you cannot be paid if your voucher is not correctly completed.

1. In the 'Date' column enter the month and day that you are working (e.g., 09/02)
2. In the 'Start Time' column enter the time you begin your shift (e.g., 10:00, 10:30, 11).
Make sure to mark AM or PM
3. In the 'End Time' column enter the time you completed your shift (e.g., 2, 2:30).
Make sure to mark AM or PM
4. In the 'Mileage Provided' field enter total service mileage provided for the pay period.

*The 'Total Hours Provided' field is not required for voucher to be accepted.

Recipient name:				Recipient #:			
Provider name:				Provider #:			
Representative name:			Case worker:				
Service period auth:				Service period worked: 9/2/15 - 9/10/15			
Total hours authorized: @ \$RATE				Total hours provided: 17:31 OPTIONAL			
Mileage authorized: @ \$RATE				Mileage provided: ④ 15			
①	Date	② Start Time		③ End Time			
	9/2	9:00	AM PM	12	AM	PM	3
	9/2	12:30	AM PM	3:47	AM	PM	3:17
	9/5	9	AM PM	12:45	AM	PM	3:45
	9/9	8:30	AM PM	11:59	AM	PM	3:29
	9/10	12:00	AM PM	4	AM	PM	4

Recipient #:
Provider #:

Notes to Case Worker (attach additional pages as needed):

I affirm that the services reported on this voucher are for actual dates/times I worked by delivering the service/supports listed to the consumer-employer. The hours I am claiming do not exceed the total hours authorized to me and were delivered according to the consumer-employer's service plan. I understand that these vouchers will be audited periodically, and that the information reported is true, accurate and complete.

➡ Employee Signature: _____ **Date:** _____

I no longer work for the consumer-employer as of _____ (Last day worked)

By signing this voucher, I affirm that the hours reported on this voucher are for actual dates and times worked by the provider delivering the authorized services/supports and do not exceed the total amount of hours authorized in the service plan.

FOR APD & AMH EMPLOYERS ONLY: I designate the Department an agent for the purpose of doing all that is required by myself pursuant to Section 3504 of the Internal Revenue Code (This designation is not applicable if the payee is a private firm or agency employee).

➡ Employer/Rep Signature: _____ **Date:** _____

For DD Only: CDDP/Brokerage Review: This voucher has been reviewed and is consistent with the consumer-employer's service plan and authorized service limits.

➡ CDDP/Brokerage Rep Signature: _____ **Date:** _____

