

# Personal Support Worker

## TRANSFERRING INTO BROKERAGE PACKET

This packet is only for those individuals who have already become a Personal Support Worker with Oregon Developmental Disability Services at a different Case Management Entity and have already been issued an SPD Provider ID number.

### VERY IMPORTANT NOTICE!!!

It is crucial to understand that this position requires regular use of a computer, internet, and email.

You will also need access to a printer.

*Creative Supports, Inc. is not your employer; your employer is determined by the individual receiving support services, or their legal representative.*

## **This is a Personal Support Worker (PSW) Transfer Packet.**

This packet includes necessary forms for a current PSW, who already has an SPD Provider ID number, and has worked with a different Case Management Entity, to become registered at Creative Supports, Inc.

*If you do NOT have an active SPD Provider ID number, this packet DOES NOT apply to you. You will need to start with reading through the PSW Information Packet, located at [www.creativesupports.org](http://www.creativesupports.org).*

**Creative Supports, Inc. (CSI) is a non-profit brokerage**, contracted through Oregon Developmental Disability Services in part to process timesheets and mileage logs that allow the disbursement of designated state and federal funds under the directions of the individual receiving services, their legal representative, and Oregon Administrative Rule.

**If you have any questions regarding the materials in this packet, you may contact the eXPRS Unit at CSI.**

# Setup Checklist for a Transferring Personal Support Worker

This checklist is helpful in tracking your enrollment as a PSW at Creative Supports

<b>GENERAL JOB REQUIREMENTS</b>	
<input type="checkbox"/>	Must have a personal email address. It cannot be an email from a friend/family.
<input type="checkbox"/>	This position includes frequent use of a computer, the internet, and a printer.
<input type="checkbox"/>	It is recommended that you access the eXPRS help guides for reference in utilizing the State's billing system ( <a href="https://apps.state.or.us/exprsWeb/login.do">https://apps.state.or.us/exprsWeb/login.do</a> → eXPRS documentation)

<b>CHECKLIST</b>		
<input type="checkbox"/>	Contact Information Form	* Complete and return to CSI
<input type="checkbox"/>	Qualified Provider Agreement	* Complete and return to CSI
<input type="checkbox"/>	Mandatory Abuse Reporting Notice	* Complete and return to CSI
<input type="checkbox"/>	Consent to Retain Copies of Confidential Documents	* Complete and return to CSI
<input type="checkbox"/>	Copy of ODL and Auto Insurance	* Submit to CSI If providing transportation
<input type="checkbox"/>	Criminal Background Check Application	* Complete and return to CSI with photo ID
<input type="checkbox"/>	Criminal Background Check Approval Letter	* Mailed by QED staff from CSI office.
<input type="checkbox"/>	Verify Approved to Work Status in eXPRS by logging in.	* SPD#, current CHC, current PEAA.
<input type="checkbox"/>	Signed Service Agreement	* Return to CSI and Retain Copy



# Contact Information

<b>PERSONAL SUPPORT WORKER CONTACT INFORMATION FORM</b>			
Name:		Birthdate:	
Home Phone:		Cell:	
Physical Address:			
City:	State:	ZIP Code:	County:
Mailing Address:			
City:	State:	ZIP Code:	County:
Email:			
<b>SIGNATURE VERIFICATION</b>			
I authorize the verification of the information provided on this form is accurate.			
Signature of Employee / PSW:		Date:	



# Qualified Personal Support Worker Agreement

Creative Supports, Inc.

*\*\* Sign and return to Creative Supports, Inc. office.\*\**

## Before you can start working, you must:

1. Complete and pass the Criminal History Records Check. Prior to working, confirmation must be received by our office that you are authorized to work. This process can take between 4-10 weeks.
2. Complete the Provider Enrollment Application and Agreement form, submit to the DHS office, and be issued an SPD Provider ID number.
3. Attend New Worker Orientation offered online at <https://www.carewellseiu503.org>.
4. Be qualified to work in the United States (See *IRS Form I-9*)
5. Be a Mandatory Abuse Reporter.
6. Present copies of any license or certificates that you are required to have for this job (documents required by the State of Oregon or the County Developmental Disability Office).
7. If driving is a part of your job, you need to submit copies of your valid Oregon Driver's License and **current** proof of auto insurance.
8. Complete employment enrollment through Public Partnerships, LLC. and have a good-to-go employment relationship.
9. Sign a Service Agreement created by the individual's Personal Agent.

Oregon Administrative Rules (OAR) state that Seniors and People with Disabilities (SPD) dollars **cannot pay for any work** done by employees until they have complied with all of the above steps.

Because you are paid with public funds, these rules must be followed. Support Service funds will not be used to pay for services provided by an unqualified employee.

*I, \_\_\_\_\_ (print name) agree that I will not work for an individual receiving support services through Creative Supports, Inc. without passing a Criminal History Check, being issued an ODDS SPD Provider ID number, showing proof of my ability to work in the United States, and a signed Service Agreement. I will act as a mandatory abuse reporter, understanding my role in supporting this protected population by reporting all suspected abuse and neglect. I will respect the confidentiality of the individual and my employer.*

*If I work before clearing a criminal history check and being qualified, I understand that I will not be paid through support service funds.*

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_





**Mandatory Abuse Reporting Notice:  
Adults with Developmental Disabilities  
To report abuse call 1-855-503 SAFE (7233)**

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As an individual providing services to adults with developmental disabilities, you are a **Mandatory Reporter** according to Oregon law (ORS 430.765). According to the law, if you have reasonable cause to believe an adult with developmental disabilities has been abused, or that any person with whom you come in contact has abused such an adult, you must immediately report the abuse to the community developmental disability program, the Department of Human Services (DHS), or to a local law enforcement agency. Law enforcement must be called if there is reason to believe a crime has been committed. When applicable, you should also follow your agency policies and procedures so that immediate steps are taken to protect the victim of the abuse.

**Abuse of an adult with developmental disabilities means:**

1. Abandonment means:

Abandonment, including desertion or willful forsaking of an adult or the withdrawal or neglect of duties and obligations owed a person with a developmental disability by a caregiver or other person.

2. Physical Abuse means:

Any physical injury to an adult caused by other than accidental means, or that appears to be at variance with the explanation given of the injury.

Willful infliction of physical pain or injury upon an adult.

### 3. Sexual Abuse:

Sexual contact with a nonconsenting adult or with an adult considered incapable of consenting to a sexual act under ORS 163.315.

Sexual harassment, sexual exploitation or inappropriate exposure to sexually explicit material or language;

Any sexual contact between an employee of a facility or paid caregiver and an adult served by the facility or caregiver;

Any sexual contact between an adult and a relative of the adult other than a spouse; or

Any sexual contact that is achieved through force, trickery, threat or coercion.

“Sexual abuse” does not mean consensual sexual contact between an adult and a paid caregiver who is the spouse of the adult.

“Sexual contact” has the meaning given that term in ORS 163.305.

Sexual Abuse (Criminal) An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427, 163.465 or 163.467.

4. Neglect means:

Failure to provide the care, supervision or services necessary to maintain the physical and mental health of an adult that may result in physical harm or significant emotional harm to the adult;

The failure of a caregiver to make a reasonable effort to protect an adult from abuse; or

Withholding of services necessary to maintain the health and well-being of an adult that leads to physical harm of an adult.

5. Verbal Abuse means:

To threaten significant physical or emotional harm to an adult through the use of:

Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule.

Harassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate sexual comments.

6. Financial Exploitation:

Wrongfully taking the assets, funds or property belonging to or intended for the use of an adult.

Alarming an adult by conveying a threat to wrongfully take or appropriate money or property of the adult if the adult would reasonably believe that the threat conveyed would be carried out.

Misappropriating, misusing or transferring without authorization any money from any account held jointly or singly by an adult.

Failing to use the income or assets of an adult effectively for the support and maintenance of the adult.

7. Involuntary seclusion

Involuntary seclusion of an adult for the convenience of the caregiver or to discipline the adult.

8. Wrongful Restraint:

A wrongful use of a physical or chemical restraint upon an adult, excluding an act of restraint prescribed by a physician licensed under ORS chapter 677, physician assistant licensed under ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practitioner licensed under ORS 678.375 to 678.390 and any treatment activities that are consistent with an approved treatment plan or in connection with a court order.

9. Death:

Any death of an adult caused by other than accidental or natural means.

These abuse definitions can be found in ORS 430.735



In accordance with law, your identity as the person making the report is confidential. Further, the law protects you from retaliation from a community facility, community program or individual when you make a report in good faith. You may not be discharged or transferred from one location of an agency to another, terminated from your job, demoted or have your pay lowered, or denied contact with the facility or its residents because you made a good faith report of suspected abuse. If you feel you have been retaliated against, you have the right to seek private legal action. Any agency, program or individual who retaliates against someone because of a good faith report of suspected abuse may be liable to that person for actual damages.

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*By signing this form, you are acknowledging that you understand the Oregon's mandatory abuse reporting requirements concerning adults with developmentally disabilities. If you do not understand the mandatory abuse reporting requirements, ask to have them explained to you before signing this form.*

I received and read this notice about my mandatory abuse reporting obligations.

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Please sign your name

Today's Date

**PLEASE RETURN THIS FORM TO YOUR PROGRAM**

Mandatory Reporting Notice – Adults, IDD  
Updated 8/2019



Provided by the Office of Training, Investigation, and Safety for



# Consent to Retain Copies of Confidential Documents

## Creative Supports, Inc.

I, \_\_\_\_\_ (print name) authorize Creative Supports, Inc. (CSI) to maintain confidential information such as, but not limited to, a copy of my driver's license and proof of auto insurance. I understand that this information will be used as a part of the evidence of my qualifications to provide Medicaid funded services to individuals who may choose to employ me as their Personal Support Worker.

I further agree to provide updates to all of my information at this office, to assure that my qualifications are maintained accurately and current as required by Medicaid. I understand that updating my information at the CSI office does not mean that my information will be updated with all state entities.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_





## **Request for Criminal History Background Check**

In order to be employed by a client that receives case management services from Creative Supports Inc., you must have a current and valid Criminal History Check (CHC). All people who work with clients that receive case management services through Creative Supports are required to complete a CHC **every 2 years**. Without a current CHC, you cannot provide paid supports to Creative Support clients. It takes approximately 8 weeks to process your Criminal History Check and to assure that you have current credentials in the state payroll system known as eXPRS.

The following information is needed for Creative Supports to start the CHC process:

Name: \_\_\_\_\_  
(as listed on your government issued ID)

Social Security # (Note This is voluntary): \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_

Residential address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Prior names and aliases: \_\_\_\_\_

Gender: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Phone (home, mobile, etc.): \_\_\_\_\_

2nd Phone: \_\_\_\_\_ Type of Phone (home, mobile, etc.): \_\_\_\_\_

Email (required): \_\_\_\_\_

Residential History outside Oregon, past five years: \_\_\_\_\_

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Employee Type: PSW

Position requires direct contact with: Adults confidential information

Finances/Financial records Information Technology Systems seniors

Position requires: Driving

You will receive an email at the address you list above with instruction how to complete your CHC online. Please note if fingerprints are required to make a final fitness determination, you will receive further instructions.

**A copy current government issued photo ID is required to be attached**



# How to Get Paid as a Personal Support Worker

Once you have completed your enrollment and signed a Service Agreement, you will be able to submit your supports into eXPRS. PSWs are required to get logins set up with eXPRS, so that they can submit their billing in the system. Once the billing entries have been put into eXPRS, an eXPRS-generated timesheet will need to be printed, signed by you and your employer, and submitted to Creative Supports, Inc.

*\* CSI follows the ODDS State Payroll Calendar for processing PSW timesheets.*

To get an account set up with eXPRS, you will need to print the [Enroll Individual Provider User \(PSW & BC\)](#) form and submit this to eXPRS. *This form is in the application packet and on the eXPRS documents page.* (<https://apps.state.or.us/exprsWeb/exprsDocs/>)

There are several guides on how to get an account set up:

- [How to Enroll an eXPRS User](#)
- [How to Access Login for First Time Users](#)

You will need to be comfortable with a computer to enter your time into eXPRS. On their documents page (<https://apps.state.or.us/exprsDocs/>), there are several guides on how to enter your supports into eXPRS:

- [Billing via eXPRS-EVV](#)
- [How to Login & Navigate in eXPRS-EVV](#)
- [eXPRS-EVV Overview for PSW Providers](#)
- [How to Start a Shift in eXPRS-EVV](#)
- [How to End a Shift in eXPRS-EVV](#)
- [How to Add a New Shift in eXPRS-EVV](#)
- [How to Correct or Add an EVV Shift in the eXPRS Desktop Site](#)
- [eXPRS-EVV Frequently Asked Questions \(FAQ\)](#)
- [PSW EVV Exceptions and SD Billing Entry](#)

***When submitting your timesheet to the CSI office for approval, please make sure that:***

- The timesheet is signed by BOTH you and your employer. Signatures MUST be properly dated.
- DO NOT use white out or pencil. These are official state documents.
- ANY handwritten corrections to an eXPRS-generated timesheet MUST be initialed by both the PSW and the Employer.
- If any changes need to be made to your timesheet by the CME staff, initial/check the CME authorization on the signature page. These include handwritten corrections to eXPRS-generated timesheets only.
- **There needs to be one progress note for each month that is listed on a timesheet.** If there are two months listed on the timesheet, there needs to be two separate progress notes.
- Mileage: cannot be used for medical appointments. It MUST be associated with a paid, hourly support. Mileage can ONLY be used for places within the individual's identified local community. A PSW MUST use their own vehicle (leased or owned), have a current Oregon Driver's License, and up-to-date auto insurance.