

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.

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 all of the 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 our office and at 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.

**** CSI is NOT your employer and we CANNOT verify employment.**

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

~ Roles & Terms You Should Know ~

Personal Support Worker (PSW) – A person who is hired by the individual (who has the disability) or their Common Law Employer, who receives compensation from Medicaid funds by providing support to the individual in the home or community. A PSW who is employed must have an active provider number (SPD) and an approved background check. *A PSW is also known as provider and/or employee.*

OAR 411-375-0010

Individual – An adult with an intellectual or developmental disability (I/DD) who has applied or been determined eligible to receive support funds. *An individual is also known as a customer or client.*

Common Law Employer (CLE) – This is either the individual (who has the disability) or a person chosen by the individual to act on the behalf of them to conduct the responsibilities of an employer as listed in OAR 411-340-0135. Those include interviewing PSWs, hiring PSWs, training PSWs, ensuring accuracy of and signing time sheets, and firing PSWs. *A CLE is also known as an Employer of Record. The CLE can either be the individual receiving services, or a designated individual.*

** Creative Supports, Inc. and Personal Agents are **not** your employer **

Personal Agent (PA) – A trained employee of a brokerage who works directly with the individual to facilitate, develop and manage their support services in a person-centered manner through an Individual Support Plan (ISP). The PA also arranges the set up of support services for an individual and ensures that services are being provided as indicated in the ISP. *A PA can also be identified as a case worker or services coordinator (SC).*

Creative Supports, Inc. (CSI) – A non-profit Support Service brokerage in Southern Oregon contracted with the State of Oregon Department of Human Services (DHS). CSI provides access to services for adult Oregonians with I/DD in Jackson and Josephine County. This includes case management support and facilitation of support services with qualified providers, organizations, and other resources.

Service Agreement (SA) – A written agreement that describes the following:

- Type of service to be provided;
- Hours, rates, location of services, and expected outcomes of services; and
- Any specific individual health, safety, and emergency procedures that may be required, including action to be taken if an individual is unable to provide for their own safety and the individual is missing while in the community under the service of a contractor or provider organization.

A service agreement is also known as a contract, and MUST be signed BY ALL PARTIES before you can start working.

Acronym List:

CDDP – Community Developmental Disabilities Program

CHC – Criminal History Check

CLE – Common Law Employer

CSI – Creative Supports, Inc.

DHS – Department of Human Services

ISP – Individual Support Plan

LOC – Level of Care

ODDS – Oregon Developmental Disability Services

ONA – Oregon Needs Assessment

OPP – One Page Profile

PA – Personal Agent

PCI – Person-Centered Information

PPL – Public Partnerships, LLC.

PRU – Provider Relations Unit

PEAA – Provider Enrollment Application and Agreement

RIT – Risk Identification Tool

SA – Service Agreement

SPA – Service Prior Authorization

Summary of Documents in PSW Transfer Packet

1. **Setup Checklist for Transfer Personal Support Worker:** The process of being a PSW can be quite complex. This checklist is helpful in tracking your enrollment at CSI..... **pg. 1**
2. **Contact Information:** This form provides us with basic, necessary contact information for you as a PSW. It helps provide us with a way of contacting you. Complete and return to Creative Supports, Inc. office..... **pg. 2**
3. **Qualified Personal Support Worker Agreement:** This is an agreement to sign with Creative Supports, Inc. that demonstrates that you understand what qualifies you to start working as a Personal Support worker. Complete and return to Creative Supports, Inc. office..... **pg. 3**
4. **Criminal History Check:** These are the required forms and instructions for getting a background check started. This allows Creative Supports, Inc. to have copies of your CHC approval notice. Complete and return to the Creative Supports, Inc. office, in person, with photo ID..... **pg. 4-5**
5. **Mandatory Abuse Reporting Instructions:** This form documents that you have received information on Mandatory Abuse Reporting. All PSWs must understand their role and act as mandatory abuse reporters when working with I/DD individuals. Complete and return to Creative Supports, Inc. office **pg. 6-11**
6. **Consent to Retain Copies of Confidential Documents:** This identifies your recognition of CSI's need to collect and retain certain forms of confidential identification. Complete and return to the Creative Supports, Inc. office..... **pg. 12**
7. **Personal Support Worker Public Partnerships, LLC Request Form:** Before you can start working as a PSW, it is important that the employment relationship between you and your employer is properly established, so that you can get paid. This form initiates the process of establishing an employment relationship through the state systems. Complete and return to the Creative Supports, Inc. office..... **pg. 13**
8. **Cheat Sheet for PPL Process – Connecting PSW with Client:** This outlines the process of establishing your employment relationship with your employer through PPL..... **pg. 14**
9. **PSW Contact Sheet:** This sheet provides you with the primary contacts needed as a PSW, and gives direction on who/when to call..... **pg. 15**
10. **ODDS State Payroll Calendar:** This calendar gives you the dates that PSW timesheets are due at the CME office, and dates on when respective payments are issued. *Any service logs turned in after business hours are date-stamped as received the following business day*..... **pg. 16**
11. **Helpful Reminders/Tips around Your eXPRS Login:** This guide gives information and tips on how to be most successful with your user account..... **pg. 17**
12. **PSW eXPRS Login Tracking Form:** This is a courtesy form that gives you the opportunity to track your eXPRS username and passwords..... **pg. 18**

Setup Checklist for Transferring Personal Support Worker

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

GENERAL JOB REQUIREMENTS

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

CHECKLIST

<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"/>	Copy of SS Card	* Submit to CSI
<input type="checkbox"/>	PPL (FI) PSW Request Form	* Complete and return to CSI
<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"/>	PPL (FI) Enrollment Paperwork	* Issued by mail, returned to PPL via fax/email to establish Employment Relationship
<input type="checkbox"/>	Identify Employer and notify the Personal Agent	* PA verifies Approved to Work Status and established Employment Relationship with PPL
<input type="checkbox"/>	Signed Service Agreement, made by CSI Personal Agent	* Return to CSI and Retain Copy

Contact Information

PERSONAL SUPPORT WORKER CONTACT INFORMATION FORM			
Name:		Birthdate:	
Home Phone:		Cell:	
Physical Address:			
City:	State:	ZIP Code:	County:
Mailing Address:			
City:	State:	ZIP Code:	County:
Email:			
SIGNATURE VERIFICATION			
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. Be qualified to work in the United States (*See IRS Form I-9*)
4. Be a Mandatory Abuse Reporter.
5. 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).
6. 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.
7. Complete employment enrollment through Public Partnerships, LLC. and have a good-to-go employment relationship.
8. 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: _____

Background Check Checklist:

Information You Will Need to Submit a Background Check into ORCHARDS



With ORCHARDS, the Background Check Unit is no longer using the background check request form (MSC301) or its various versions. This system is meant to work paperlessly. However, you can use this checklist to gather information you will need about a subject individual (SI) when submitting a new background check request into ORCHARDS.

Subject individual (SI) Information Required Fields Marked with Asterisk (*)

<input type="checkbox"/>	Social Security # (Note This is voluntary. The SI must approve):	
<input type="checkbox"/>	*Complete Name:	
<input type="checkbox"/>	*Date of birth (mm/dd/yyyy):	
<input type="checkbox"/>	*Residential address:	
<input type="checkbox"/>	Mailing address (if different):	
<input type="checkbox"/>	*Prior names and aliases:	
<input type="checkbox"/>	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown/Not Specified <input type="checkbox"/> Other <input type="checkbox"/> Both	
<input type="checkbox"/>	*Phone:	*Type of Phone (home, mobile, etc.):
<input type="checkbox"/>	2 nd Phone:	Type Phone:
<input type="checkbox"/>	*Email:	
<input type="checkbox"/>	Residential History outside OR, past five years (SI will also disclose this):	
	Pre-Employment Information:	
<input type="checkbox"/>	Employee Type: PSW	
<input type="checkbox"/>	Position Requires Direct Contact with: <input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Confidential Information	
	<input type="checkbox"/> Finances/Financial Records <input type="checkbox"/> Information Technology Systems <input type="checkbox"/> Secure Facilities <input type="checkbox"/> Seniors	
	Position Requires: <input type="checkbox"/> Driving	
	Applicant: Verify Identity Required Fields Marked with Asterisk (*)	
<input type="checkbox"/>	*Document:	
<input type="checkbox"/>	*Issuing State/Authority:	
<input type="checkbox"/>	*Document Number:	*Expiration Date:
<input type="checkbox"/>	Identity Document to upload (We need a copy turned in with this form.)	

DROPDOWN DETAILS (office use only)

Provider dropdown: If you are associated with more than one qualified entity (QE), or your QE is split into different CMS requirements, you will see a dropdown. Choose the correct QE where the SI will be working.

Request Type: Request types (formerly called app types) are specific to each QE and will determine other fields on this page. Choose the correct request type for your SI.

Position Category: If this is not already listed, you will need to choose the correct CMS category from the following:

- Executive, Administrative, Managerial
- Professional/Licensed Health Care
- Technical, Unlicensed Health Care (including AFH paid and HCWs)
- Laboratory and Radiology Services
- Food and Dietary Services
- Housekeeping and Engineer Services
- Any other direct access employee

Position: All position titles are now in a dropdown list. If you do not see the SI's position, you may have chosen the incorrect Request Type or Position Category. If you still cannot find the Position Title, please choose "other," include the position and full description in the Position Description box, and send an email to bcu.info@dhsosha.state.or.us with your agency, request type, and needed position.

Employee Type: Depending on the request type you have chosen you will see one or more of the following. Choose one:

- Employee
- Contractor
- Employment Agency
- Volunteer/Student
- Not Providing Care
- Licensee
- Owner
- Household Member

[Identity] Document: You can confirm an SI's identity with a government-issued photo identification. The following are listed in ORCHARDS:

- Oregon State Issued Driver's License
- Oregon State Issues Identification Card
- Non Oregon State Issued Driver's License
- Non Oregon State Issued Identification Card
- United States Armed Forces ID
- Passport
- Visa
- High School/College ID
- Other Government-Issued Photo ID

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

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 who is receiving services has been abused, or that any person with whom you come in contact in your job has abused such an adult, you must immediately report the abuse to the Community Development Disability Program and to a local law enforcement agency when there is reason to believe a crime was 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 including desertion or willful forsaking of an adult or the withdrawal or neglect of duties and obligations owed an adult by a caregiver or other person.
2. Death of an adult caused by other than accidental or natural means or occurring in unusual circumstances.
3. Financial exploitation including:

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. "Effectively" means use of income or assets for the benefit of the adult.

4. Involuntary seclusion means the involuntary seclusion of an adult for the convenience of a caregiver or to discipline the adult. Involuntary seclusion may include placing restrictions on an adult's freedom of movement by restriction to his or her room or a specific area, or restriction from access to ordinarily accessible areas of the facility, residence, or program, unless agreed to by the Individual Support Plan (ISP) team included in an approved Behavior Support Plan (BSP) or included in a brokerage plan's specialized support. Restriction may be permitted on an emergency or short term basis when an adult's presence would pose a risk to health or safety.

5. Neglect including:

Active or passive 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 an adult. Services include but are not limited to the provision of food, clothing, medicine, housing, medical services, assistance with bathing or personal hygiene, or any other services essential to the well-being of the adult

Failure of a caregiver to make a reasonable effort to protect an adult from abuse.

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

6. Physical abuse:

Any physical injury by other than accidental means or that appears to be at variance with the explanation given for the injury.

Willful infliction of physical pain or injury.

Physical abuse is presumed to cause physical injury, including pain, to adults otherwise incapable of expressing pain.

7. Sexual abuse including:

Criminal code sexual offenses, or 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 including requests for sexual favors. Sexual harassment or exploitation includes but is not limited to any sexual contact or failure to discourage sexual contact between an employee of a community facility or community program, provider, or other caregiver and an adult. For situations other than those involving an employee, provider, or other caregiver and an adult, sexual harassment or exploitation means unwelcome physical sexual contact and other physical conduct directed toward an adult.

Any sexual contact between an employee of a facility or paid caregiver and an adult served by the facility or caregiver. Sexual abuse does not mean consensual sexual contact between an adult and a paid caregiver who is the spouse or partner of the adult.

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

Any sexual contact between an adult with a developmental disability and a relative of the person with a developmental disability other than a spouse or partner. "Relative" means a parent, grandparent, children, brother, sister, uncle, aunt, niece, nephew, half-brother, half-sister, stepparent, or stepchild.

As defined in ORS 163.305, "sexual contact" means any touching of the sexual or other intimate parts of a person or causing such person to touch the sexual or other intimate parts of the actor for the purpose of arousing or gratifying the sexual desire of either party.

8. Wrongful restraint:

A wrongful use of a physical or chemical restraint, excluding an act of restraint prescribed by a licensed physician, by any adult support team approved plan, or in connection with a court order.

Wrongful restraint does not include physical emergency restraint to prevent immediate injury to an adult who is in danger of physically harming himself or herself or others, provided only that the degree of force reasonably necessary for protection is used for the least amount of time necessary.

9. Verbal abuse includes threatening significant physical or emotional harm to an adult through the use of:

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

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

A threat to withhold services or supports, including an implied or direct threat of termination of services. "Services" include but are not limited to the provision of food, clothing, medicine, housing, medical services, assistance with bathing or personal hygiene, or any other services essential to the well-being of an adult.

For purposes of this section, verbal conduct includes but is not limited to the use of oral, written, or gestured communication that is directed to an adult or within their hearing distance, or sight if gestured, regardless of their ability to comprehend. In this circumstance the assessment of the conduct is based on a reasonable person standard.

The emotional harm that can result from verbal abuse may include but is not limited to anguish, distress, or fear.

An adult who in good faith is voluntarily under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner shall for this reason alone not be considered subjected to abuse.

Pursuant to the 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.

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.

Print Name: _____

Please sign your name

Today's Date

PLEASE RETURN THIS FORM TO YOUR PROGRAM

OAAPI-Adults w/DD Reporting Notice
Updated 8/2016



Provided by the Office of Adult Abuse Prevention and Investigations 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: _____

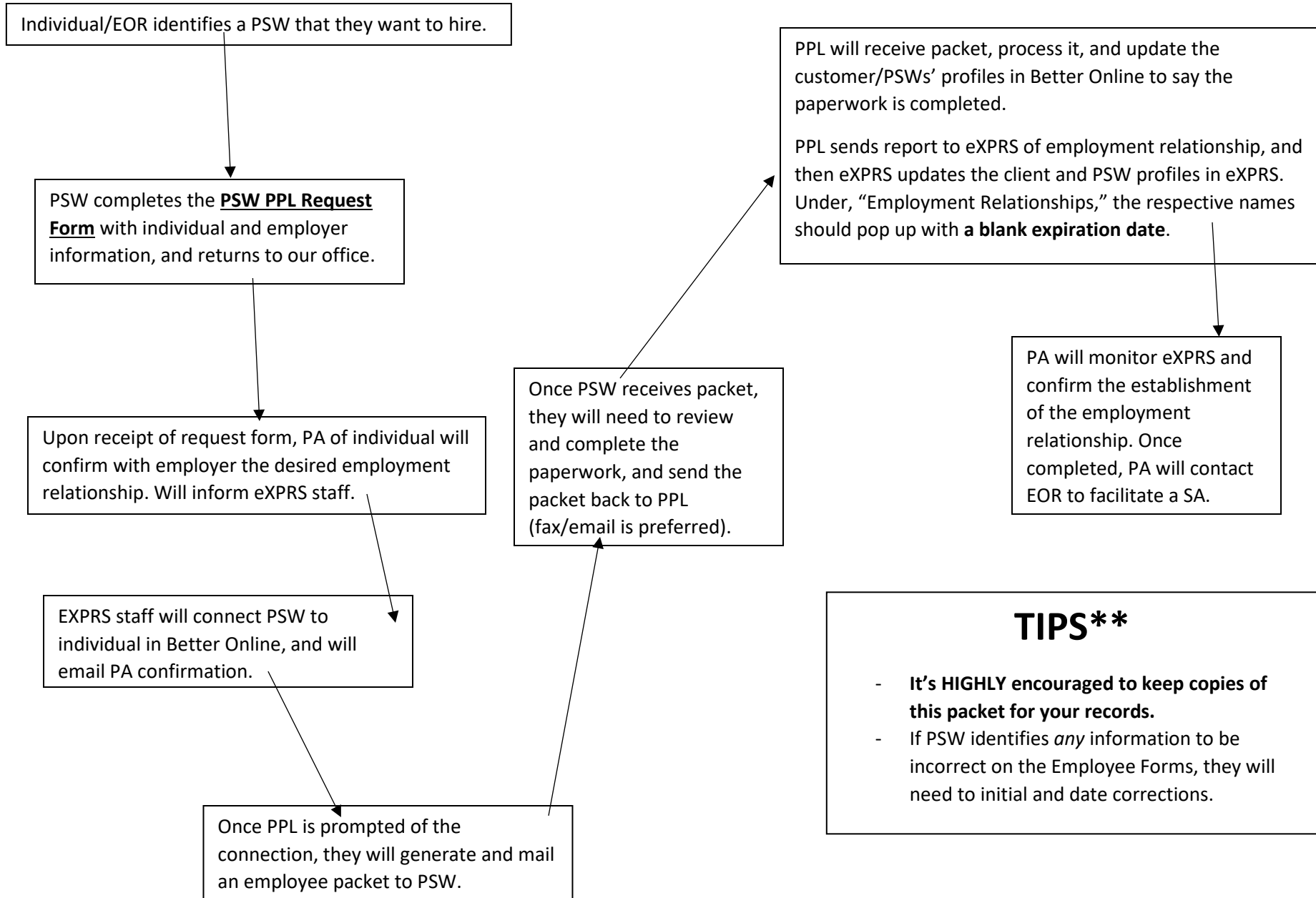
Date: _____

PERSONAL SUPPORT WORKER

Public Partnerships, LLC. Request Form

<i>REQUIRED IF BEING HIRED BY CUSTOMER AND COMMON LAW EMPLOYER</i>			
Employee Information			
Name:		SPD Number:	
Date of birth:	SSN:	Phone:	
Physical Address:			
City:	State:	ZIP Code:	County:
Mailing Address:			
City:	State:	ZIP Code:	County:
Email:			
PROPOSED CUSTOMER / EMPLOYER INFORMATION <i>(if known)</i>			
Customer Name <i>(May be different than Employer):</i>			
Employer Name:			
SIGNATURE VERIFICATION			
I authorize the verification of the information provided on this form is accurate.			
Signature of Employee / PSW:		Date:	

CHEAT SHEET FOR PPL PROCESS – CONNECTING PSW WITH CLIENT



Contact Sheet -PSW

Creative Supports, Inc.

Brokerage – Ja. & Jo. Counties

Timesheet Corrections, Service Agreement changes, SPA extensions for credential updates, contact/address information changes.

Phone: (541)864-1673

Fax: (541)864-1676

Website: www.creativesupports.org

Main Office: 930 W. 8th Street

Medford, OR, 97501

Grants Pass Office: 223 SE M Street

Grants Pass, OR, 97526

Oregon Developmental Disability Services.

Policy, PSW Information and resources.

Fax: (503)947-5357

Website: [http://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-](http://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/psw-resources.aspx)

[PARTNERS/Pages/psw-resources.aspx](http://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/psw-resources.aspx)

Address: 500 Summer Street NE E-15

Salem, OR, 9730

eXPRS (State Billing System)

Technical assistance within the eXPRS system, unlocking eXPRS accounts, system malfunctions, additional resources on contact page (see below)

Website:

<https://apps.state.or.us/exprsWeb/login.do>

Contact Information:

<https://apps.state.or.us/exprsWeb/contactUs.do>

Help Guides:

<https://apps.state.or.us/exprsDocs/>

Public Partnerships, LLC.

ODDS Fiscal Intermediary

Questions about paychecks, missing/stolen checks, direct deposit set up, tax documents, paperwork in relation to establishing employment relationships.

Phone: (888)419-7705 [English]

(888)419-7720 [Spanish]

Fax: (844)399-6593

Contact Email: PPLORFMAS-CS@pcgus.com

Paperwork Email: PPLORFMAS@pcgus.com

Website:

<http://www.publicpartnerships.com/programs/oregon/fmas/index.html>

Better Online Payment Portal:

<https://fms.publicpartnerships.com/PPLPortal/login.aspx>

Oregon Home Care Commission

New PSW Orientation, PSW Training, Worker's Compensation, OHCC Registry Assistance.

Contact Information:

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCC/Pages/HCC-Staff.aspx>

Main Website:

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCC/Pages/index.aspx>

OHCC Registry:

<https://or-hcc.org/Welcome/Login?serviceGroupId=2>

Address: 500 Summer Street NE E-15

Salem, OR, 97301

SEIU 503.

PSW Union

Questions related to union membership, paid time off, and filing complaints.

Phone: (844)503-7348

Local Representative: (541)531-1614

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

Medical Enrollment:

acahotline@orhomecaretrust.org

Benefits Website:

<http://orhomecaretrust.org>

Benefits Contact: ohcwt@bsitpa.com

PAYMENT SCHEDULE

CALENDAR YEAR 2023

Please remember to submit and approve timesheets by the deadlines listed below. Public Partnerships cannot guarantee on-time payment for timesheets received after the deadline.

Pay Period		Timesheet Deadline	Posting Date
Start Date	End Date	Timesheets must be Submitted and Approved by End/Close of Business Hours	Checks Mailed/Direct Deposit Issued
Friday, December 16, 2022	Saturday, December 31, 2022	Thursday, January 5, 2023	Tuesday, January 17, 2023
Sunday, January 1, 2023	Sunday, January 15, 2023	Thursday, January 19, 2023	Tuesday, January 31, 2023
Monday, January 16, 2023	Tuesday, January 31, 2023	Friday, February 3, 2023	Wednesday, February 15, 2023
Wednesday, February 1, 2023	Wednesday, February 15, 2023	Tuesday, February 21, 2023	Friday, March 3, 2023
Thursday, February 16, 2023	Tuesday, February 28, 2023	Friday, March 3, 2023	Wednesday, March 15, 2023
Wednesday, March 1, 2023	Wednesday, March 15, 2023	Monday, March 20, 2023	Thursday, March 30, 2023
Thursday, March 16, 2023	Friday, March 31, 2023	Wednesday, April 5, 2023	Monday, April 17, 2023
Saturday, April 1, 2023	Saturday, April 15, 2023	Wednesday, April 19, 2023	Monday, May 1, 2023
Sunday, April 16, 2023	Sunday, April 30, 2023	Wednesday, May 3, 2023	Monday, May 15, 2023
Monday, May 1, 2023	Monday, May 15, 2023	Thursday, May 18, 2023	Wednesday, May 31, 2023
Tuesday, May 16, 2023	Wednesday, May 31, 2023	Monday, June 5, 2023	Thursday, June 15, 2023
Thursday, June 1, 2023	Thursday, June 15, 2023	Wednesday, June 21, 2023	Monday, July 3, 2023
Friday, June 16, 2023	Friday, June 30, 2023	Thursday, July 6, 2023	Tuesday, July 18, 2023
Saturday, July 1, 2023	Saturday, July 15, 2023	Wednesday, July 19, 2023	Monday, July 31, 2023
Sunday, July 16, 2023	Monday, July 31, 2023	Thursday, August 3, 2023	Tuesday, August 15, 2023
Tuesday, August 1, 2023	Tuesday, August 15, 2023	Friday, August 18, 2023	Wednesday, August 30, 2023
Wednesday, August 16, 2023	Thursday, August 31, 2023	Wednesday, September 6, 2023	Monday, September 18, 2023
Friday, September 1, 2023	Friday, September 15, 2023	Wednesday, September 20, 2023	Monday, October 2, 2023
Saturday, September 16, 2023	Saturday, September 30, 2023	Wednesday, October 4, 2023	Tuesday, October 17, 2023
Sunday, October 1, 2023	Sunday, October 15, 2023	Wednesday, October 18, 2023	Monday, October 30, 2023
Monday, October 16, 2023	Tuesday, October 31, 2023	Friday, November 3, 2023	Thursday, November 16, 2023
Wednesday, November 1, 2023	Wednesday, November 15, 2023	Monday, November 20, 2023	Friday, December 1, 2023
Thursday, November 16, 2023	Thursday, November 30, 2023	Tuesday, December 5, 2023	Friday, December 15, 2023
Friday, December 1, 2023	Friday, December 15, 2023	Wednesday, December 20, 2023	Tuesday, January 2, 2024
Saturday, December 16, 2023	Sunday, December 31, 2023	Thursday, January 4, 2024	Tuesday, January 16, 2024

Timesheet deadline is the date a PSW must submit a completed timesheet to the CDDP or Brokerage office. A completed timesheet means a PSW has corrected any errors on the timesheet, obtained the employer's signature, documented the progress/service notes, and signed the timesheet. If a PSW has an exception for eXPRS entry (not EVV only) the deadline for timesheet delivery is one business day earlier than the date indicated.

Helpful Reminders/Tips around Your eXPRS Login...

A Creative Supports, Inc. Guide

The eXPRS online billing system is a state-managed system that utilizes the disbursement of Medicaid funds, and follows HIPPA regulations around confidentiality. With that, there are measures put into place to prevent information leaking from the system, which includes security measures around logging in. Historically, there have been MANY problems for PSWs around keeping their user account active/logging in, which causes complications with getting paid on time. This means...

Your username and password NEED to be kept private. Don't give this information out to others.

You NEED to remember what your current password is. Keep written records of your username and passwords.

eXPRS requires you to update your password every 60-90 days.

CSI has created a username/password tracking form for your convenience, in the application packet.

You will only get THREE attempts at logging in. After that, your account will get locked. The system unlocks accounts twice per day. HINT:** *Try using the, "Forgot your Password?" option after two failed logins.*

Any account that has not had any activity for 30 days automatically locks.

Login difficulties DO NOT QUALIFY a PSW to turn in a handwritten timesheet, nor does it mean that a PSW can turn the timesheet in late and get paid, "on time."

Here are a few errors we have found when PSWs have difficulties with logging in:

- Allowing your Internet browser to save passwords. DON'T allow your browser to save your password for eXPRS.
- Not putting in the temporary password in correctly (Copy + Paste of the temporary password from the email is suggested, as certain letters/numbers can look VERY similar...0/O...l/I/1...etc.) Make sure there is no extra space at the end when copying.

eXPRS also has several guides on their documents page (<https://apps.state.or.us/exprsDocs/>):

- Appropriate User Access to Information in eXPRS.
- How to Reset Your Password.
- PSW Pro Tip – How to Prevent Lock-Outs

A final note...CREATIVE SUPPORTS, INC. DOES NOT HAVE ANY STAFF THAT CAN UNLOCK EXPRS ACCOUNTS, NOR CAN WE FIX LOGIN COMPLICATIONS. You NEED to contact eXPRS for assistance with your account login.

Updated 6/27/2018

PSW eXPRS Username/Password Tracking Form

A Creative Supports, Inc. Guide

Username: _____

eXPRS email: _____

Password: _____

Verification Answer: _____

Date of Change	
Updated Password	
Verification Answer	

Date of Change	
Updated Password	
Verification Answer	

Date of Change	
Updated Password	
Verification Answer	

NOTE: Creative Supports, Inc. staff CANNOT assist you with your username and password. Any login difficulties need to be taken to eXPRS (844-874-2788, info.eXPRS@state.or.us).

Refer to, "Helpful Reminders/Tips around Your eXPRS Login..." for additional information.

Updated 5/10/2018



Oregon

Kate Brown, Governor

Department of Human Services
 Office of Developmental Disabilities Services
 500 Summer St. NE E-09
 Salem, OR 97301-1073
 Phone: 503-945-5600
 TTY: 503-945-6214

This message is to notify Personal Support Workers about the launch of a pilot in your area for Electronic Visit Verification (EVV).

EVV is part of a federal law that was passed by Congress in 2016. It requires states to verify the delivery of Medicaid-funded Attendant or Personal Care services in real time (at the time the service is occurring) from providers.

You are receiving this message because you work for an individual in the area that has been chosen to pilot the eXPRS Mobile-EVV. Personal Support Workers working for an individual enrolled in services with either **Jackson County Community Developmental Disabilities Program (CDDP)** or **Creative Supports Inc. brokerage** are required to participate in the pilot, which starts **Feb. 1, 2019**.

The pilot will help the Office of Developmental Disabilities Services (ODDS) identify and resolve issues before rolling out eXPRS Mobile-EVV statewide later in 2019.

The pilot is only for Personal Support Workers who provide the following Attendant or Personal Care services:

- OR526 – Attendant Care
- OR526/ZE – Attendant Care 2:1 staff
- OR507 – Daily Relief Care
- OR502 – State Plan Personal Care

EVV will work on smart phones and tablets that can access the eXPRS website. eXPRS will be changed to have a website made especially for phones and tablets. There will be orientations to help PSWs learn how to use this new part of eXPRS.

Further information and instructional material is available at the following website: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/evv.aspx>

For those PSWs in the EVV Pilot who do not have access to a smartphone or tablet or who work in an area that does not have Internet access, please notify your authorizing case management entity (CDDP or brokerage). This will enable ODDS to gather more information for completion of the exception policy.

Para ver esta información en español, visite

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/evv.aspx>

Если вы желаете ознакомиться с этим уведомлением на русском языке, посетите веб-сайт

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/evv.aspx>

如果您需要这些信息的简体中文版，请登录网站：

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/evv.aspx>

Nếu quý vị cần có thông điệp này bằng tiếng Việt, lui lòng truy cập:

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/evv.aspx>

For more information and to subscribe to get the latest updates:

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/evv.aspx>