

Care Provider Guide

This guide is for homecare workers, personal support workers and personal care attendants



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Safe and unhealthy work environments

The state, the Oregon Home Care Commission (OHCC) and the Service Employees International Union Local 503 (SEIU 503) recognize the importance of working conditions that will not threaten the health or safety of you or a consumer (employer). The case management entity will not be able to authorize you to work where there is a known threat to your health or safety.

Health or safety risks in the work environment may be the result of the actions of the consumer or household members. This may include:

- Bodily harm from the consumer or persons in the household
- Threatening behavior from the consumer or persons in the household
- Sexual harassment or sexual abuse
- Verbal, emotional or physical abuse or domestic violence
- Mental or emotional abuse
- Illegal drug activity or other criminal activity in the home
- Dangerous behavior from others in the home
- Unsafe or unhealthy work environments, such as:
 - » Toxic mold
 - » Rotting floorboards
 - » Unsafe entries, or
 - » Any other situation that would be a threat to your health or safety. This includes an environment that violates state and federal worker protection laws.

Your rights

As a provider, you have the right to decline to work for a consumer or employer who lives in a situation that may threaten your health or safety. The case management entity will not retaliate against you if you choose to decline.

After you notify the case management entity of a health or safety issue, you have the right to stop working right away with a consumer. To do so, you must notify the consumer and the case management entity of your plan to stop working for the consumer.

How to report an unsafe work environment

To report an unsafe work environment that is not an immediate threat or danger, you will:

- Submit a report to the case management entity or OHCC Customer Relations Unit.

[Submit a request online](#)

Reach us by phone or by email:

877-624-6080

OHCC.CustomerRelations@odhsoha.oregon.gov

- Make the report within five business days after the event, unless there is a reason you cannot.

You should include the following information in your report:

- a. Your first and last name
- b. Your provider number
- c. A brief description of the situation, and
- d. Your contact information and the best time to contact you.

Do not include the employer's personal information.

Staff will contact you to collect any other information.

When possible, the case management entity or OHCC will notify you of the outcome of your report if you still work for the consumer.

OHCC provides a monthly written report to the Joint Issues Committee of the issues reported and steps taken to resolve the issues.

Providers can contact the **Union Member Assistance Center** about safety concerns at **844-503-7348**.

How to report emergencies

If you feel your health or safety is in immediate danger, you must distance yourself.

Remove yourself from the dangerous, abusive or harassing situation to a safe distance.

It's important to follow the following steps to protect yourself and the consumer:

1. **Call 911 anytime there is a serious threat to life or property.** For example, an accident, crime, fire, medical emergency or if the consumer would be in extreme danger if you left work.
 - a. After you call 911, contact at least one of the following to let them know what happened:

- i. Consumer’s representative
 - ii. Common law or proxy employer, or
 - iii. Emergency contact.
2. Contact the case management entity immediately. If a serious event occurs after hours or on a weekend, you must contact the case management entity by:
 - a. Leaving a voicemail
 - b. Contacting the case management entity directly, on the first business day after the event occurs.
 - c. Following the incident reporting and progress notes requirements if you are a personal support worker.

If you do not follow the above steps there may be an Adult Protective Services investigation.

Personal Protective Equipment (PPE)

The OHCC has PPE available to safely support your consumer/employer, if needed.

PPE items available are:

- Gloves
- Disposable masks
- N-95 masks
- Clear masks
- Face shields
- Gowns
- Booties

To request PPE

- Send an email to OHCC.CustomerRelations@odhsoha.oregon.gov
- Put “PPE request” in the subject line
- Provide the following in your email:
 - » First and last name
 - » Provider number
 - » # of consumers you serve
 - » List the items you need (If you are ordering gloves, please include your size (S, M, L, XL))

Orders are filled to include a one month supply. The OHCC staff will contact you if additional information is required.

Americans with Disabilities Act (ADA)

Rights to request an accommodation

Two types of accommodation requests:

1. ADA accommodation related to services

This type of ADA accommodation is when the accommodation is needed for services you provide. For example, asking for a Hoyer lift or gait belt for your consumer-employer.

You should make your request directly to the consumer employer or, if applicable, to their representative or the employer of record.*

How to request a service-related accommodation

Talk with your consumer-employer about your accommodation request.

Be sure to:

- » Explain your need
- » Make the request clearly, and
- » Answer any questions they may have.

What to do if the consumer-employer needs assistance with the request

Request a referral to the Employer Resource Connection program for assistance with a service-related accommodation request. An Employer Resource Connection consultant will contact the consumer-employer and help with the request.

To make the request contact your local Aging and People with Disabilities (APD) and Area Agency in Aging (AAA) office, Comagine Health, Case Management Entities, or the OHCC Customer Relations through its online service:

* Because this is a consumer-directed program, the state does not have the authority to require or make an ADA accommodation on behalf of consumer-employers. The consumer-employer must agree to the accommodation.



Link to APD and AAA local office contact information:

<https://www.oregon.gov/DHS/Offices/Pages/Seniors-Disabilities.aspx>

Comagine Health contact information

Phone: 1-888-416-3184

Fax: 1-877-575-8309

ORBHSupport@comagine.org

Office of Developmental Disabilities Services (ODDS) Community Developmental Disabilities Program (CDDP): <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/county-programs.aspx>

ODDS support services brokerages: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/Support-Services-Brokerages.aspx>

Contact Children's Intensive In-Home Services Program (CIIS): <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/CIIS-Contacts.aspx>

2. ADA accommodations related to employer-related functions

This type of ADA accommodation is when the accommodation is needed for state-provided employer-related functions. Employer functions are:

- » Information that helps you understand your job duties, or
- » Things you need to do to keep working.

Examples include when you:

- » Request information in another language to renew a credential
- » Request worker or training materials in large print (tasks lists, services agreements and training guides, etc.), and
- » Request an American Sign Language (ASL) interpreter for training.



How to submit an employer-related function accommodation request

Online select Americans With Disabilities Act (ADA) claim

Submit a request online

You can request to do the following online:

- Renew a credential
- Request worker or training materials in large print
- Request a sign language interpreter for OHCC training courses
- Other: _____

Other ways to submit a request

Phone: 877-624-6080

Email: OHCC.CustomerRelations@odhsoha.oregon.gov

Submit requests for OHCC training materials in other languages or American Sign Language (ASL) interpreters through the OHCC training team at Training.OHCC@odhsoha.oregon.gov.

OHCC will let you know they received your accommodation request in writing within seven calendar days. Please note, we may deny requests that cause undue financial hardship for the state.

Filing an ADA complaint

You retain your rights to file an ADA complaint with either or both of the following:

The Equal Employment Opportunity Commission (EEOC)

The nearest location to Oregon is the Seattle Field Office.

[Seattle Field Office](#)

Hours: Monday through Friday from 8:00 a.m. to 3:30 p.m.

Toll-free phone number: 1-800-669-4000

Fax number: 206-220-6911

ASL Video: 844-234-5122

Oregon Bureau Of Labor And Industries (BOLI)

For more information click on the links below:

- » [Oregon Bureau of Labor and Industries \(BOLI\)](#)
- » [File a Complaint](#)

Phone: 971-673-0761

Email: BOLI_Help@boli.oregon.gov

Workers' compensation

What to do if you're injured on the job

For more information about what to do if you are injured on the job, please download the [What to do if you are injured on the job flyer](#) on SAIF's website.

The flyers are available in the following languages and formats:

- English
- English for the visually impaired
- Spanish
- Russian
- Vietnamese
- Arabic
- Simplified Chinese
- Traditional Chinese
- Somali
- Korean



Workers' Compensation Coordinator

Phone: 503-378-3099

Toll-free phone number: 888-365-0001

Workers' Comp email: workerscomp.ohcc@odhs.oregon.gov

What to do when you seek medical attention

Complete the Worker's and Physician's Report, form 827.

Forward completed 827 reports to:

SAIF Corporation

400 High St. NE

Salem, OR 97312

Phone: 800-285-8525

Fax: 800-475-7785

SAIF801@SAIF.com

Provider overpayments

Definition

An overpayment in wages results when there is an error made by:

- You
- A consumer or employer, or
- Another.

Recoupment rates

You will be notified of an overpayment as soon as either of the following knows about the issue:

- The Oregon Department of Human Services (ODHS)
- The Oregon Health Authority, Health Systems Division (OHA-HSD)

Overpayments will be recouped at no more than 5% of your hours paid until repaid in full; unless one of the following happens:

- A. You may choose to pay back the overpayment sooner if you:
 - » Request a higher percentage rate, or
 - » Make additional payback payments.

- B. Any overpayment greater than 30% of your correct payment rate, for that pay period, consumer or both will be paid back within six months. This may cause you to receive no payments during the six months.
- C. If you have two or more unpaid overpayments, you need to pay them back within six months of when the second overpayment was made.
- D. If you stop work as a provider before the overpayment is paid back, the maximum amount may be deducted from your final service payment.
- E. Substantiated Medicaid fraud overpayments will be recouped at 100% of your service payments until the overpayment is paid in full.

Overpayment complaint process and verification

Contact the OHCC Customer Relations Unit if you want to start the OHCC complaint process to verify the cause or amount of any overpayment. If you start the complaint process it does not waive your right to file a grievance per Article 19 – Service Payment Overpayments, Section 6.

[Submit a request online](#)

Phone: 877-624-6080

Email: OHCC.CustomerRelations@odhsoha.oregon.gov

OHCC will investigate the overpayment and provide you with a written response within 14 business days. You will get the response based on your preference of email or mail.

If you know you were overpaid, you must report it in writing to the case management entity.



Overpayment technical assistance

If you cause an overpayment the state will provide:

- Technical assistance
- Resources to help prevent future occurrences, or
- Both

This can include identifying barriers you may have to:

- Enter time correctly
- Meet submission deadlines, or
- Both

If applicable, the case management entity will do the following for the employer or common law employer:

- Notify them of the error, and
- Guide them on how to appropriately review a completed timesheet before they sign it.

Overpayment investigatory process

If the state suspects overpayments are done on purpose, the state will:

- Initiate an investigation, and
- Follow the process outlined in Article 25 – Provider Number Termination Rights.

If it is determined an overpayment is done on purpose, the overpayment must be paid back per each program (APD/ODDS/OHA-HSD) rule. Your provider number may be terminated for being overpaid on purpose.

Overpayment determination grievance

If you disagree with the determination that an overpayment has been made you may file a grievance. To do so, you must contact:

The Union Member Assistance Center

Phone: 844-503-7348

Email: Contact@SEIU205.org

Difficulty of care federal income tax exclusion

Certain payments a homecare worker (HCW) personal care attendant (PCA), or personal support worker (PSW) receives for Medicaid or Oregon Project Independence (OPI) services in the worker's home **may** be considered difficulty of care payments. If you are an HCW or PCA contact OHCC to request an exemption. If you are a PSW, contact Public Partnerships, Limited. These payments may be excludable from federal income tax. **OHCC does not provide tax advice. Please consult with your tax professional to confirm your eligibility.**

How to make a difficulty of care federal income tax exclusion request

Submit a request online

Phone: 877-624-6080

Fax: 503 378-5886

Email: OHCC.CustomerRelations@odhsoha.oregon.gov

1. After you submit a request, you will receive a DocuSign email asking you to complete the Difficulty of Care Federal Income Tax Exclusion form.
2. You must sign the form electronically through DocuSign.
3. If you choose to email or call, return your document by email or fax.
4. If you are potentially eligible you will receive the completed form from OHCC. Give the form to your tax professional to confirm your eligibility.

Worker contact information and resources guides

- Homecare worker
- Personal support worker
- Personal care attendant



550 Capitol St., NE
Salem, Oregon 97301
1-877-867-0077



You can get this document in other languages, large print, braille or a format you prefer. Contact Oregon Home Care Commission at 1-877-867-0077. We accept all relay calls or you can dial 711.