

Homecare Worker Guide



Consumer-Employed Provider Program



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Introduction

We are excited you have joined us as a homecare worker in the Consumer-Employed Provider Program. The important work you do makes a difference by helping seniors and people with disabilities remain at home and in their communities as independently and safely as possible.

In this guide, you will learn more about how the program works and how to be a successful homecare worker. When you are successful, the program is successful.

Thank you for joining the homecare worker workforce.



Chapter 1:

The Consumer-Employed Provider Program

Oregon is a pioneer when it comes to offering long-term services and supports to help people stay at home rather than live in nursing facilities. Consumer-employers eligible for Medicaid-funded in-home services can either employ an individual like yourself to help them at home or choose an in-home agency. Consumer-employers who want to select and hire their own homecare workers sign up for the Consumer-Employed Provider (CEP) Program.

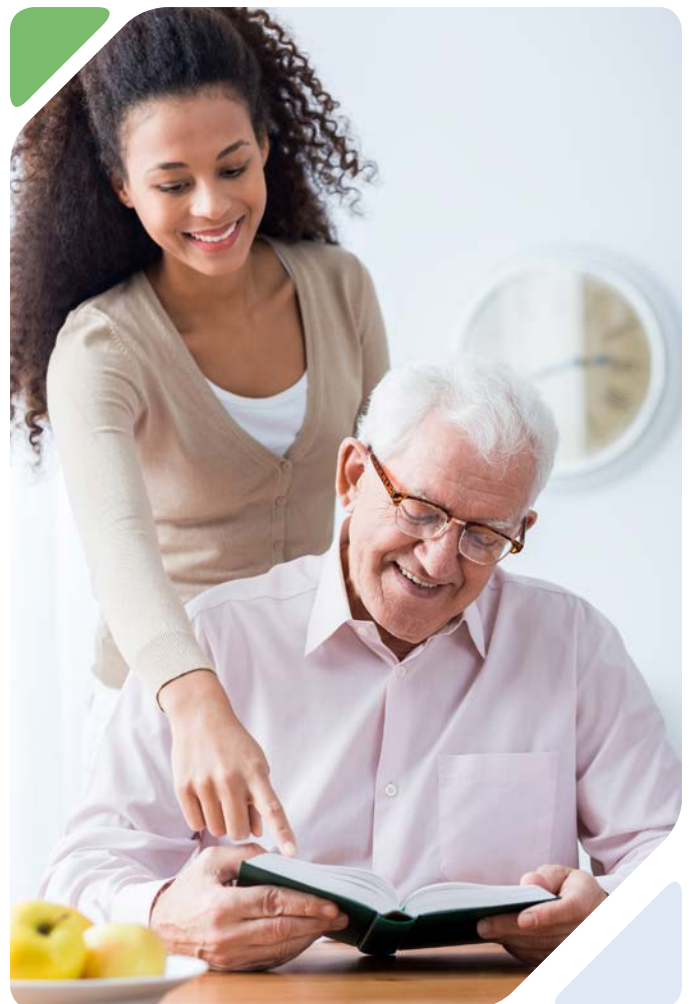
Consumer-employers who participate in the CEP Program find and hire homecare workers from the Oregon Homecare Commission Registry. Consumer-employers are employers and homecare workers are their employees. Simply put, the consumer-employer is your boss. He or she tells you how and when to do a task, determines your work schedule, provides training and supervision, and approves the time you work so you can be paid.

What does a homecare worker (HCW) do?

Homecare workers work for consumer-employers participating in various in-home services programs offered by Aging and People with Disabilities. This includes the Consumer Employed Provider Program as well as the Spousal Pay Program, State Plan Personal Care and Oregon Project Independence (OPI).

The most important thing a homecare worker does is help seniors and people with disabilities live at home as safely and independently as possible. HCWs do this by helping with:

- Personal care such as bathing, dressing, grooming, hygiene, toileting, moving around, bowel and bladder care, and eating. These things are also called activities of daily living or ADLs. Another ADL is “cognition” – related to helping someone because he or she is confused and needs supervision or has problems being safe because of memory



problems, among other things.

- Household tasks such as housekeeping, laundry, meal preparation and shopping. These things are “instrumental activities of daily living” or IADLs. Other IADLs include medication and oxygen management and transportation.
- Examples of health-related tasks that some HCWs do such as insulin injections, testing blood sugars, providing wound care, ventilator care, and tube feeding. An HCW can do many other health-related tasks.

Homecare workers are valuable teammates that help consumer-employers accomplish what is important to them. HCWs work closely with consumer-employers, case managers, community health RNs, the local APD/AAA offices and the Oregon Home Care Commission.

Types of homecare workers

There are two types of homecare workers: career and restricted. Career workers can work for any consumer-employer who qualifies for Medicaid in-home services. They can decide to work for one consumer-employer or several at a time. Career HCWs are available for referral on the Registry.

A restricted HCW can only work for a specific consumer-employer, usually a family member or friend. The restriction is usually based on the applicant’s background check, age (if under 18) or skills and abilities. They are not available for referral on the Registry. All HCWs, whether career or restricted, are professionals required to follow the professional standards outlined in this manual, as well as all applicable laws and regulations. HCWs work a variety of schedules:

- **Hourly:** An hourly HCW’s schedule can vary from consumer-employer to consumer-employer. An HCW can work up to 40 hours per week or just a few hours per month. Hours are based on each individual employer’s assessment and service plan.
- **Short-term:** Short-term assignments are available to HCWs who want to fill in as a substitute, often on short notice, either for a family member who normally provides unpaid support, or for times when the regular HCW becomes ill or is otherwise unavailable.

How to enroll as a homecare worker

You must meet certain standards to be enrolled as a homecare worker:

- Be 18 years of age or older;
- Attend a mandatory orientation;
- Have the skills, knowledge and abilities to perform, or learn to perform, the required work;
- Complete an application packet;
- Pass a background check (criminal records and substantiated abuse allegation check);
- Prove you are legally authorized to work in the United States;
- Provide your tax identification number (Social Security number) that matches your legal name as filed with the Social Security Administration and the Internal Revenue Service;
- Sign a provider enrollment agreement;
- Sign a confidentiality agreement;
- Fill out a tax withholding form; and
- Maintain a drug-free workplace.

The application kit includes a number of forms you will sign:

- Homecare Worker Application (SDS 0355);
- Client Employed In Home Services Provider Enrollment (SDS 0736);
- Background Check Request form;
- Employment Eligibility Verification form (I-9);
- Employee's Withholding Allowance Certificate (IRS Form W-4);
- Client-Employer's Right to Confidentiality (SDS 0356) – witnessed; and
- Direct Deposit Authorization Form for Employees (DHS 189E) – optional

You must attend a mandatory orientation. The homecare worker orientation provides basic information about being a worker, roles and responsibilities, professionalism, how to be paid, universal precautions, confidentiality, preventing fraud, being a mandatory reporter, and program rules. If you do not attend orientation within 90 days of getting your provider number, your enrollment will be inactivated and you will not be paid. You must attend orientation before you are paid for your services.

Homecare worker provider numbers

Once you meet all enrollment standards, you will receive a six-digit provider number. This number shows you are enrolled as a homecare worker. You will see your provider number on your payment vouchers, task list and pay stubs. You will also use this number on the Registry and on the paperwork you fill out during trainings. When you call the local office or Oregon Home Care Commission, a staff person may ask for your provider number. It's a good idea to memorize it or keep it where you can easily find it.

Important things to remember about your provider number:

- You must have a current, valid number to work and be paid.
- It is your responsibility as an HCW to know when your provider number expires and renew it on time (look on the Registry).
- You must begin the renewal process a minimum of 55 days before your credential expires by contacting the local office and completing a new background check. If not, your paperwork may not be completed in time. This means you will not get paid and cannot continue to work.
- Your provider number will expire if you don't work and receive payment within a 12-month period. If that happens, you will have to go through the entire enrollment process again.
- You will not be referred out on the Registry if you do not have a current, valid number.

Your provider number could be terminated for several reasons. This means you will be disenrolled from the program and will no longer be able to work as a homecare worker. Violations that lead to involuntary termination include but are not limited to:

- Taking or borrowing money or items belonging to your consumer-employer, including money, property and medications;
- Sharing something that is confidential, even with someone you think you can trust;
- Being intoxicated or under the influence of drugs while working;
- Neglecting your consumer-employer's service needs;
- Claiming hours you did not work;
- Forging a signature or falsifying payment records;
- A substantiated abuse allegation;
- Repeatedly being late or absent from work;
- Bringing unwelcomed guests or pets to your consumer-employer's home;
- Working unauthorized overtime.

If you receive a termination notice because of an alleged violation, you will receive information about whom to contact and how to appeal the decision.

If fraud or abuse is the basis for your involuntary termination, your name may be added to the Office of Inspector General's Exclusion Database. This means you are excluded from working in any capacity anywhere that receives funds from Medicare, Medicaid or other federal health care programs.

You can find more information about the Exclusion Database on the Office of Inspector General's website: www.oig.hhs.gov.

Voluntary terminations: You may decide that you no longer want to work as a homecare worker. You can voluntarily terminate your homecare worker provider number at any time by filling in the "last day worked" field on your vouchers for all consumer-employers with whom you work and by signing a voluntary termination form at the local APD/AAA office.

If you wish to work as a homecare worker later, contact the local APD/AAA office and fill out a new application and enrollment agreement, complete a new background check, and attend orientation.

Your relationship with consumer-employers

Your consumer-employer is the consumer-employer who hires you to work. You may have several consumer-employers at one time. Each consumer-employer is responsible for directing the work you do for him or her, developing a work schedule based on their service needs, and training and supervising you. In addition, the consumer-employer must review the task list with you as well as tell you his or her expectations and how the person wants you to help. Remember, the way you help one consumer-employer may be different from how you help another. All consumer-employers have their own goals and preferences. Keep in mind, consumer-employers may have different skills and experiences with directing the work you do. Some may not tell you what to do or how to do it. It's important, however, to encourage them to make decisions about their services and to let them know you are there to help them the way they would like.

Make sure you talk to your consumer-employer about:

- Expectations;
- Your work schedule, time off and what to do if you will be late for work;
- Your task list;
- How many hours you are authorized to work for him or her;
- How and when a task should be done;
- House rules;
- Whether you need training on how to do a specific task;
- Any work-related questions or concerns;
- Signing your voucher after you have worked all your hours;
- What to do in an emergency;
- Whom you can talk to (i.e., consumer-employer's family, physician or pharmacy); and
- How much notice you should give if you plan on quitting (two weeks is recommended).

If you decide to stop working for a specific consumer-employer, give as much advance notice as possible so your consumer-employer and the case manager have enough time to make other arrangements. Have your consumer-employer sign your final voucher after you finish

working. If, for some reason, your consumer-employer will not sign your voucher, contact the case manager for help. Be sure to return any keys your consumer-employer may have given you.

Note: As a homemaker, you cannot be your consumer-employer's authorized representative. This means you cannot approve your own timesheet on behalf of your consumer-employer or decide what services your consumer-employer receives or how many hours you are authorized to work. If the consumer-employer requires help, please contact the case manager right away.

Your relationship with the local APD/AAA office

As a team member, you will frequently have contact with your consumer-employer's case manager. Reasons to contact the case manager include:

- Your consumer-employer's health, safety or service needs improve or worsen.
- Your consumer-employer is hospitalized or is in another setting other than your consumer-employer's home (e.g., nursing facility, a relative's home, an adult foster home).
- You or your consumer-employer has questions about the task list.
- Your consumer-employer asks you to do things not on the task list or for other people in the home, which is not allowed.
- Your consumer-employer asks you to exaggerate or lie about his or her condition and how much help he or she needs (this is fraud).
- You have work concerns you can't resolve with your consumer-employer. Examples include frequent schedule changes, problems setting and maintaining professional boundaries, challenges with completing tasks on the task list, behavioral issues that affect your ability to do your job, or your consumer-employer choosing not to take medications or receive services on the task list.
- There are safety issues in your consumer-employer's home because of the living environment, something happening in the home, or your being asked to provide unsafe services. Some examples include your consumer-employer asking you to manually transfer him or her even though a Hoyer lift is required; vicious animals being present; loaded firearms are left out; your consumer-employer or someone else in the home is



physically aggressive toward you; domestic violence or drug manufacturing is occurring; or floorboards are rotting.

- You are working more hours than authorized due to an emergency.
- Issues related to travel time or mileage arise.
- You want to schedule paid time off before you take it.
- You notice your consumer-employer can benefit from durable medical equipment, a community health RN referral or other resource.
- You are no longer working for your consumer-employer.

You may have contact with other staff at the local APD/AAA office. This is usually the HCW coordinator or voucher clerk. Reasons you may need to contact the local APD/AAA office include:

- Changes in your address or telephone number (required to be reported within 30 days of the change);
- To provide an updated copy of your CPR/First Aid card;
- Questions about your provider number, credential or background check status; or
- Questions about your voucher or payments.
- You must notify the local office if you are arrested or charged with a crime within 14 days of such event.

Whom to call

Report abuse		1-855-503-7233
Enrolling as a provider	Local APD/AAA office	
Task list	Consumer-employer and case manager	
Questions about when and how to do a task	Consumer-employer	
Attendance	Consumer-employer	

Authorized hours	Consumer-employer and case manager	
Vouchers	Local APD/AAA office	
Payment issues	Local APD/AAA office	
Travel time	Case manager	
Report work-related safety concerns	Case manager	
Changes in your consumer-employer's condition or hospitalization	Case manager	
Workers' Compensation	Workers' Compensation coordinator	1-888-365-0001
Registry	OHCC	1-877-267-0077
Training/CPR	OHCC	1-877-267-0077
Medical benefits	Homecare Workers Supplemental Trust & Benefits Trust	1-844-507-7554, option 3, then option 4
Paid time off	Homecare Workers Supplemental Trust & Benefits Trust	1-844-507-7554, option 3, then option 4
Questions about CBA	SEIU, Local 503 Member Resource Center	1-877-451-0002
Report Medicaid fraud		1-888-FRAUD
Report Medicare fraud		1-800-MEDICARE

Your tax responsibilities

Deductions

- **FICA**

(The Federal Insurance Contributions Act) is deducted from your wages and goes toward Social Security and Medicare.

- **Workers' Compensation (WCD)**

An employment tax called the “benefit fund assessment” is deducted from your wages. This tax goes to pay for return-to-work services for homecare workers who are injured on the job.

- **SEIU deduction**

Union dues are deducted for homecare workers included in the bargaining unit who are working 20 or more hours per month. SEIU handles questions about union dues or fees.

- **Overpayments (OVP)**

An overpayment is when a payment is made to a homecare worker that is more than the person was authorized to receive. When this happens, overpayments are deducted from the HCW's wages until the full amount is paid back.

- **Garnishments**

These are deductions ordered by the courts such as for child support, IRS back taxes and educational loans. Any garnishment will appear on the “Provider/employee earnings summary.” If there is not a garnishment, you will not see this section on the remittance advice.

Your tax responsibilities

State and federal income taxes — APD began withholding state and federal income tax for homecare workers effective July 1, 2005 as part of an agreement under the Home Care Commission's collective bargaining agreement with SEIU Local 503, OPEU. When you enroll as a homecare worker, you complete the IRS W-4 form in your application packet. On the W-4 form, you indicate the amount of withholdings based on your filing status (e.g., married or single) and the number of withholdings. You need to return the W-4 form to the local APD or AAA office. The local office will enter the information about your filing status and withholdings so the appropriate amount is withheld from your provider paychecks.

APD/AAA is not able to give you any tax advice about the number of withholdings to select and cannot help you complete the W-4 form. To get assistance with completing the W-4 form, you will need to contact the IRS or Oregon Department of Revenue.

You can also contact a tax expert or find information on the internet that may help answer your questions.

If you don't return a completed W-4 form, the highest tax withholding rate will be applied to your payments. You may file a new W-4 form at any time to change your filing status and

withholdings. However, claims cannot be adjusted to issue refunds for previously withheld amounts. Instead, the amounts withheld will be forwarded to the IRS and the Department of Revenue. You will need to resolve the difference in the amount of taxes you paid and the amount of taxes you owed when you file your taxes.

Aging and People with Disabilities (APD) withholds state and federal income tax for homecare workers. In order to do this, you must complete Form W-4 from your application packet. You must return this form to the local APD/AAA office in your area. The local office is not able to give you tax advice about the number of withholdings to select or help you complete the form. For help completing Form W-4, please contact the Internal Revenue Service or Oregon Department of Revenue. You can also contact a tax expert. If you do not complete Form W-4, the highest tax-withholding rate will be applied to your payments. You may file a new form at any time to change your filing status and withholdings. However, claims cannot be adjusted to issue refunds for previously withheld amounts.

Some homecare workers claim exempt status on their W-4 form. Those who file exempt status need to complete a new W-4 form each year. This is because the exemption only lasts one year, usually ending in February of the following year. The exact expiration date is listed on the W-4 form for the current year. APD may send you a new W-4 form if you worked as a homecare worker the previous year and claimed exempt status. If you do not receive a new W-4 form, you can always print a copy of the W-4 form for the current year from www.IRS.gov. You will need to return the completed W-4 form to the local APD/AAA office. It is important to return the new W-4 by the February deadline or your taxes will be withheld at the highest rate.

At the beginning of the year, APD central office will mail you your W-2 form (the record of your earnings for the previous year that is filed with your income tax return) no later than Jan. 31. You can use the information on the W-2 form to file your taxes.

Important reminders

- Please report address changes to the local APD/AAA office even if you are not currently working for an APD/AAA employer so that your W-2 is mailed to the correct address.
- APD/AAA cannot advise you on what credits you may be eligible for and will not provide documentation containing confidential consumer-employer information to tax preparers on your behalf.

Being a homecare worker is a professional career. It's important to remember, even though you are working in a home, it's still your place of employment. You need to be professional at all times. Some simple things you can do that will help you be professional include:

- **Come to work ready.**
Make sure you get to work on time and are ready to start working right when you get there.
- **Look like a professional.**
Dress neatly and have good grooming and hygiene habits.
- **Respect your consumer-employer's home and personal belongings.**
Always ask permission before touching or using your consumer-employer's belongings or changing anything in his or her home. For example, ask before using the telephone or refrigerator or before removing a throw rug for safety.
- **Ask your consumer-employer about allergies.**
Ask your consumer-employer if he or she has allergies before bringing scented products or flowers into the home. This includes wearing fragrances or scented hair products. Some people have severe allergic reactions to fragrances.
- **Have good attendance.**
Your consumer-employer counts on you being at work. When you are late or absent, your consumer-employer may not get the help he or she needs to be as independent as possible. Give advance notice when you know you are sick, unable to make it to work, or not able to start work at your scheduled time. This gives your consumer-employer time to make other arrangements. Notify your consumer-employer and the case manager before you take paid time off or when you will not be at work.
- **Do not bring friends or family to your consumer-employer's home.**
It is unprofessional to bring friends, family or pets to your consumer-employer's home without your consumer-employer's permission. Consider your consumer-employer's health, safety and comfort before you ask to bring visitors. This could violate your consumer-employer's confidentiality and lead to the termination of your provider enrollment. Would you bring guests or pets to your workplace if you worked in an office or other professional setting? Probably not.
- **Wait until you are asked before offering your opinion or advice.**
Although your intentions may be good, your consumer-employer may think you are being judgmental, bossy or nosy. Instead, you can say, "I have an idea if you are interested" or "If you want my advice, just ask."

- **Don't become involved in your consumer-employer's finances or property.**

Shopping may be one of the authorized tasks on your task list. This may involve buying groceries or other items for your consumer-employer with the consumer-employer's money. That's OK. It's a good idea to always get receipts and look them over with your consumer-employer after you get back from the grocery store. Also, keep a record of the money your consumer-employer gives you for shopping and the change you return.

You should not be involved in other ways with your consumer-employer's property or finances. This includes not:

- Borrowing money;
- Selling things on behalf of your consumer-employer;
- Buying things from your consumer-employer under market value;
- Asking your consumer-employer to cosign loans;
- Accepting gifts;
- Asking your consumer-employer to buy something for you or your family;
- Borrowing things from your consumer-employer (e.g., car, gardening tools);
- Being the consumer-employer's power of attorney, executor of his or her will, or adding your name on his or her bank accounts;
- Keeping your consumer-employer's legal documents, Social Security card or medical cards;
- Borrowing or taking your consumer-employer's medication;
- Applying for credit cards for your consumer-employer;



- Using your consumer-employer’s credit card; or
- Taking your consumer-employer’s medications.

You will not be able to participate in the program if you do any of these things. Some of these can also constitute crimes, punishable as felonies, which can lead to jail, prison and fines.

Don’t make decisions for your employer.

Your role is not to make decisions on behalf of your consumer-employer, especially related to services, health, finances or medical care. You take direction from your consumer-employer, not the other way around. Although your consumer-employer may want you to be present during assessments, your role is not to make decisions about what is on the service plan or what information your consumer-employer should or should not share with the case manager. Never speak for your consumer-employer. You should not present yourself as a decision maker when your consumer-employer is at the physician’s office or in the hospital.

Keep information about your consumer-employer private. This is called “confidentiality.”

As a homecare worker, you have access to personal information about your consumer-employer. You cannot share this information with anyone, including your consumer-employer’s family members, unless your consumer-employer gives you prior permission to do so.

You may have good intentions and ask your church or friends to pray for your consumer-employer. Unless you have permission, this isn’t OK.

Your consumer-employer’s personal information may include:

- Name, age, address or physical description;
- Participating in the Consumer-Employed Provider Program or receiving any type of public assistance;
- Needing any type of help;
- Any information about the consumer-employer’s finances;
- Any information about your consumer-employer’s medical or health issues. This includes medications, test results, diagnoses or treatments;
- Any information about your consumer-employer’s relationships, religion or interests; or
- Your consumer-employer’s prime number.

When you signed the “Client Employed In Home Provider Enrollment,” you agreed to keep your consumer-employer’s information confidential.

If confidentiality is broken:

- Your consumer-employer could be embarrassed or humiliated.
- Other people could use information you shared about your consumer-employer to harm or take advantage of him or her.
- Your consumer-employer could lose trust in you.
- You could lose your job.
- You may no longer be a homecare worker.

Set personal boundaries.

You are a homecare worker because you are compassionate and enjoy helping people, which are wonderful qualities. The work you do is very valuable and makes a difference. Because you care so much about people, you may go above and beyond to help someone. The downside is that it often leads to compassion fatigue if you do not take care of yourself and set boundaries. Compassion fatigue is a state of mental, physical and spiritual exhaustion.

Why boundaries are important

Being aware of your personal and professional boundaries is important for you and your consumer-employer. It's best to establish them at the beginning of your working relationship.

Boundaries are limits about what you will or won't allow or do. They are for your well-being and protection. They help you decide what types of communication, behavior and interactions are appropriate.

How to set boundaries

When you set a boundary, do it clearly, calmly, firmly and respectfully. You are not being rude or selfish by setting them, and there is no need to apologize for doing so.

It's for you and your consumer-employer's protection. Respecting your consumer-employer's boundaries, too, is just as important.

It's fine to share information about yourself as a way of building a good working relationship. You may find you have several things in common. Make sure, however, you aren't sharing too much or too often. Ask yourself whether it is appropriate to share the information. The person you are working for is your consumer-employer. You and your consumer-employer are not each other's friend, counselor or confidant. Your consumer-employer may take on your worries as well as his or her own. Don't share information because you need to talk or to help you feel better. Find another outlet such as a friend, family member or counselor. As a homecare worker, you may be eligible to receive counseling through the Employee Assistance Program (EAP). Please contact the Homecare Workers Supplemental Trust & Benefits Trust to find out more information (refer to the "Whom to Call" section of the guide).

Examples of healthy boundaries

Some examples of healthy boundaries include:

- Only sharing information you are comfortable with sharing. You decide what to share about your personal life.
- Refusing to break the law or bend the rules.
- Refusing to betray your moral values.
- Refusing to allow someone to get too close to you physically or emotionally.
- Not saving, rescuing or fixing people's problems. You are not responsible for the choices other people make.
- Saying no when you mean no.
- Letting someone know, respectfully, if he or she has crossed the line, acted inappropriately or is being disrespectful.

Examples of unhealthy boundaries

Some examples of unhealthy professional boundaries include:

- Letting your consumer-employer text or call you for non-work related things, especially when you are off work.
- Hanging out after work.
- Taking over or being overly involved in your consumer-employer's problems or difficulties.
- Making decisions for your consumer-employer.
- Having control over your consumer-employer's finances.
- Touching your consumer-employer without asking, even when you are helping with personal care.
- Going against your personal values or rights in order to please your consumer-employer.
- Having a romantic relationship or becoming physically intimate with your consumer-employer or his or her family member.
- Allowing people to say things to you or in front of you that make you feel uncomfortable.

Other things to keep in mind

When setting boundaries:

- Make sure you and your consumer-employer are clear about what is OK to talk about and what is off limits. This may include things such as religion, politics, beliefs, finances, family and how you choose to live your life.
- Your consumer-employer may be fortunate to have family and friends who are actively involved. It's important to also set clear boundaries with them. Respectfully tell them your

consumer-employer is the one who tells you how and when to do something.

- Always be respectful and calm, even when your consumer-employer isn't. You're still a professional.
- Respect your consumer-employer's boundaries:
- If you aren't sure if something crosses a boundary, ask yourself:
 - Is this in my consumer-employer's best interest?
 - Whose needs are being served?
 - Will this have an impact on the services I'm providing?
 - How will others view this?
 - Am I treating this person differently from other consumers?

Advocate for yourself.

Trust your instincts. If something doesn't feel right, it may not be. It's OK to say no if you don't feel comfortable doing something you are asked to do. It's important for you and your consumer-employer's safety and well-being. Always contact your consumer-employer's case manager if you have questions about what is appropriate or allowed if you think your consumer-employer or his or her family member is asking you to do something you are not comfortable with or that may be unethical or illegal.

Be cautious before doing these tasks

- Being asked to help with something you don't have enough training or information to do. This is especially important if you are asked to help with health-related tasks (e.g., wound care, catheter care, tube feeding) or using a Hoyer lift. If you are willing to help with these things, let your consumer-employer know you will need written instructions and talk to the case manager about a community health RN referral to teach you to do the task.
- Being asked to help with insulin injections or tube feeding without a nurse or your



consumer-employer's physician delegating it to you. These are nursing tasks. If you do them without nurse delegation, the Oregon Board of Nursing can fine you for practicing nursing without a license. Make sure to talk with the case manager about a community health RN referral for nurse delegation.

- Being asked to throw away used needles in the garbage can. This is illegal; needles must be put in a sharps container, which is a red container designed for needles and other sharp objects. Respectfully let your consumer-employer know that is not safe and you are not willing to do this, but you can help get in touch with the garbage company to get a sharps container.
- Being asked to do something that exposes you to bodily fluids without wearing gloves. Let your consumer-employer know you would be happy to help, but only if gloves are provided. This is for both of your safety. You can ask for a supply of gloves at the local APD/AAA office. Your consumer-employer's case manager can help him or her order gloves through medical insurance.
- Being asked to do something that violates your boundaries.

Communicate with your consumer-employer.

Successfully communicate with your consumer-employer by being open-minded, consistent and positive. After all, you are on the same team.

Tips for successful communication

- Be engaged. This means giving your consumer-employer your complete attention. Here are some things you can do to help you stay engaged:
 - Maintain eye contact and use non-verbal indicators that you are listening, such as nodding or shaking your head and smiling.
 - Use verbal indicators you are listening such as “very good,” “yes” or “indeed.”
 - Remember to turn off your devices so you are fully engaged in the conversation.
- Pay attention to your own and your consumer-employer's body language and emotions. This will give you a lot of feedback on how each of you responds (or does not respond) to what the other one is saying. Here are some things to look for:
 - Look at your consumer-employer's posture. Are his or her arms crossed? Are yours? Crossed arms may indicate a person isn't open to what you are saying or is being defensive.

Is the person rolling his or her eyes when talking to you? Are you? This may indicate the person does not agree with what you are trying to communicate. It is also a sign of disrespect.
 - Does your consumer-employer avoid eye contact when you are talking? This may indicate he or she is intimidated, uncomfortable with the situation or not interested in communicating with you at that moment.

- Your and your consumer-employer’s tone of voice speaks louder than words. It can indicate you are happy, calm, sad, frustrated or angry.
- Also, be aware of word choice. Are you or your consumer-employer using inappropriate language or calling each other by pet names? What words are you using when talking to each other?
- Are you talking to each other or at each other?
- Practice active listening. Actively listening to someone is very important and can make or break a working relationship between you and your consumer-employer. There is a big difference between hearing and listening.
 - A major part of active listening is checking for understanding and restating questions. For example, “I hear you are concerned about how I do the laundry and would like me to do things differently.”
 - A common mistake made is not allowing the person to finish asking a question because you are already thinking of the answer. Let the consumer-employer finish, then address the question or concern.
- Build teamwork. Keep in mind you and your consumer-employer are a team with the goal of helping your consumer-employer stay at home as independently and safely as possible. Finding common ground and building rapport with your consumer-employer helps build teamwork.
 - Use words such as “we,” “us,” “we’re,” “our” and “ourselves” that show you see the consumer-employer as part of your team.
 - Look for ways to connect with your consumer-employer by finding common interests, but remember to respect boundaries.
 - Ask for suggested resolutions to any concerns the person may have.
- Make “I” versus “you” statements. Why is this important? How you sound and what you say can affect the flow of a conversation. It can put some people on the defensive when you use “you” statements. Here are some tips and examples:
 - “You” statements can negatively affect conversations. Such statements can often sound like blame or accusations. For example, “You make me feel upset when you nitpick how I do the laundry.” Using these statements can shut down communication.
 - “I” statements can be beneficial if used in the correct way because you are conveying a feeling, not making an accusation. Examples include, “I feel like I’m not being heard. Can we talk?” or “It’s important to me that I do a good job. It would be helpful if I knew exactly how you would like me to do your laundry.”
 - One thing to keep in mind is how some “I” statements can be disguised as an accusation and will not help with communication. For example, “I feel sad when you don’t notice what a good job I do.” Instead, you can say, “I take pride in the work I do, and it makes me feel good when it’s noticed.”

When you are concerned about the health, safety and well-being of your consumer-employer:

- **Start by talking to your consumer-employer.** Use I statements such as, “I’m concerned that your blood pressure has been high for several days” or “I’ve noticed a change in your behavior and ability to stay alert when you don’t take those pills.”
- **Try using support or suggestions** like, “This is the kind of thing your doctor might want to know. Why don’t you call him/her right now?”
- **Follow up with your consumer-employer.** Bring it up again in a day or two to see if your consumer-employer spoke to someone. If you are still concerned, try saying something like, “Your well-being is very important to me and I’m worried. Is there a way I could help?”
- **Your consumer-employer has the right to make poor decisions.** You can let your consumer-employer know you are concerned and offer to help identify solutions but, ultimately, it’s up to your consumer-employer.
- **Share your concerns with the case manager.** It’s important to let the case manager know if you are concerned about your consumer-employer’s health and well-being. You and the case manager are on the same team. The case manager is one of the people you can share information with without worrying about breaking confidentiality.



Case managers conduct a thorough interview with consumers about the type and amount of help needed. This is an assessment. Consumer-employers can invite whomever they would like, including you, to be present during the assessment. Homecare workers, however, cannot invite others to attend (i.e., friends, other workers, union stewards, etc.). Based on this assessment, the case manager authorizes a certain number of hours the consumer-employer can receive each month. Homecare workers cannot challenge the number of hours authorized each month or the results of the assessment. Only a consumer-employer or his or her representative has the right to do that.

The case manager and consumer-employer also create a service plan (SDS 546 form) and task list (SDS 598 form). The service plan lists the number of hours authorized for each task (e.g., bathing, grooming, housekeeping). The task list gives a more detailed list of instructions for the authorized tasks. For example, the service plan may authorize hours for housekeeping, but the task list will indicate which specific housekeeping tasks your consumer-employer needs help with (e.g., dusting, mopping or washing dishes). Your consumer-employer will decide how and when the tasks are to be done.

You will receive a copy of the task list from your consumer-employer's case manager. It will show how many hours you are authorized to work for your consumer-employer and whether you can ask for mileage reimbursement if you use your own vehicle to do work-related errands for your consumer-employer. If you do not receive a task list, please contact the case manager right away. If you do not understand something on the task list, make sure you ask. It's important to know your consumer-employer's expectations and what you are being paid to do. You want to make sure you have enough information and feel comfortable doing the tasks. If you don't, make sure to let your consumer-employer and your consumer-employer's case manager know. If it is on your task list, you have accepted the task and you are responsible for providing all the services you are authorized to do. If you don't complete items on your task list, even if your consumer-employer asks you not to do them, you cannot claim them on your timesheet. Let your consumer-employer's case manager know that you have been asked not to complete certain tasks on the task list, or if your consumer-employer no longer needs help with certain tasks.

If a task is not on your task list, you are not authorized to do it and Workers' Compensation may not cover you while doing it. As an example, if providing transportation is not on your task list, don't do it. Encourage your consumer-employer to speak with his or her case manager to see if the task can be added to the service plan and task list.

There are some things that Medicaid will not pay you to do. This includes, but is not limited to:

- Yard work;
- Pet care;
- Helping your consumer-employer move;
- Caring for your consumer-employer's children or grandchildren;
- Home repairs;
- Helping with finances;
- Vehicle maintenance and cleaning;
- Running personal errands other than shopping or picking up medications;
- Helping a consumer-employer smoke medical marijuana; or
- Helping your consumer-employer while he or she is in the hospital, nursing facility or other service setting such as an adult foster home or assistive living.

You can only provide services to the consumer-employer listed on the task list. This means you cannot provide services to anyone else in the home. For instance, your consumer-employer's family members may ask you to do a load of their laundry or make them a meal since you are already doing it for your consumer-employer. You must respectfully decline because it is against the rules to do tasks for others while being paid as a homecare worker. Under limited circumstances, you may be authorized to work for two consumer-employers in the same home participating in the Consumer-Employed Provider Program. This is allowable. Make sure to keep track of the hours you work for each person.

If your consumer-employer asks you to do things not on the task list or for others in the home you are not authorized to help, try saying something like:

“I'm paid by the state to do certain tasks and I could lose my provider number if I don't do them or do something that's not on my task list. Maybe we could talk to your case manager about options.”

“Tell me more about what you need done. Maybe I can help you find a solution or your case manager might know of other resources. If you know someone else who could help you with this, would you like my help asking him or her?”

“Although I would be happy to help your family member with her laundry, it is not something I can do under the Medicaid rules.”

After this conversation, if your consumer-employer continues to ask you to do things not on your task list, let your consumer-employer's case manager know right away.

Important note

Do not take your consumer-employer's laundry to your home to launder and do not prepare meals for your consumer-employer at your home to deliver to your consumer-employer. If

you are working for multiple consumer-employers and you are authorized to help all of them with shopping, do not shop for everyone during one trip and then claim all the authorized hours for each consumer-employer. This is Medicaid fraud. All tasks for different consumer-employers should be completed separately.

Task List

SDS 0598

Client

Date

Date sent

Case number

Prime number

Program

Branch code

Worker

Worker Ph #

Client/Employer 1

Name	Phone
Street address	
City	State Zip

Homecare Worker/Employee 2

Name	Provider #
Street address	
City	State Zip
Phone	Mileage Authorization per Month:
Hours Authorized: <input type="checkbox"/> ADL <input type="checkbox"/> IADL <input type="checkbox"/> 24-Hr Avail.	
Maximum hours authorized per month for all services:	

Tasks To Be Completed 3

<p>Bathing</p> <input type="checkbox"/> Bathing and washing hair <input type="checkbox"/> Getting in or out of shower or tub	<p>Personal Hygiene</p> <input type="checkbox"/> Shaving <input type="checkbox"/> Denture care <input type="checkbox"/> Brushing teeth/caring for mouth
<p>Dressing</p> <input type="checkbox"/> Assist with dressing/undressing	<p>Grooming</p> <input type="checkbox"/> Nail care (<i>toenail/fingernail</i>) <input type="checkbox"/> Brushing and combing hair
<p>Toileting</p> <input type="checkbox"/> Getting to and from the toilet <input type="checkbox"/> Assist with using bedpan <input type="checkbox"/> Urinal <input type="checkbox"/> Commode <input type="checkbox"/> Wiping/cleansing afterward <input type="checkbox"/> Cleaning assistive devices <input type="checkbox"/> Adjusting clothing before/after	<p>Cognition</p> <input type="checkbox"/> Memory <input type="checkbox"/> Wandering <input type="checkbox"/> Coping with change <input type="checkbox"/> Making decisions <input type="checkbox"/> Help with confusion <input type="checkbox"/> Help understanding basic health and safety needs <input type="checkbox"/> Responding to behaviors
<p>Bowel</p> <input type="checkbox"/> Changing incontinence supplies <input type="checkbox"/> Digital stimulation <input type="checkbox"/> Ostomy care <input type="checkbox"/> Toileting schedule <input type="checkbox"/> Suppository insertion <input type="checkbox"/> Enemas	<p>Bladder</p> <input type="checkbox"/> Changing incontinence supplies <input type="checkbox"/> Catheter care <input type="checkbox"/> Ostomy care <input type="checkbox"/> Toileting schedule <input type="checkbox"/> Monitoring for infection

Tasks To Be Completed – (continued)

3

Eating

- Feeding or cueing during eating
- Monitoring to prevent choking
- Assistance with special utensils
- Tube feeding
- Nutritional IV set up

Medication/Oxygen

- Giving medicines
- Giving oxygen
- Reminding or organizing
- Checking for effect
- Assuring adequate oxygen supply

Transfer

- Moving to or from a chair, bed or wheelchair inside the home

Mobility/Ambulation

- Assistance moving around inside home
- Assistance moving around outside

Meal Preparation (basic nutrition)

- Cutting food
- Placing food/utensils within reach
- Breakfast Lunch Dinner

Transportation

- Assisting during a ride
- Assist to get in/out of a vehicle
- Arranging a ride

Housekeeping (HK)

- Wiping surfaces Dusting
- Cleaning floors
- Making bed Cleaning dishes
- Taking out the garbage

24-Hour Availability

- Meet needs that arise throughout a 24-hour period; includes night needs

Laundry (included in HK hours)

- Gather and wash soiled clothing and linens
- Use washing machines/dryers
- Hang/fold/put away clothing

Shopping

Driving to/from and purchasing goods needed for health & safety related to the service plan:

- Food Clothing Medicine

Note: Medical Transportation is not included

○ Required medical treatments/procedures:

Remarks/Special Instructions

4

Authorizing Signature (Case Manager/Unit Manager)

 Date

 Signature Client/Employer

 Date

 Signature Homecare Worker

 Date

Important note: Before you start working for a consumer-employer, make sure your credential (e.g., background check) and provider number are active and valid and that you have been authorized to work. Otherwise, you will not be paid. You can find your credential end date in the Registry on your personal information page. Also, make sure you have a current copy of your consumer-employer's task list.

Once your consumer-employer has hired you and notified the case manager, you will receive a voucher in the mail. This is considered your timesheet. It is what you will use to be paid. You will receive two copies – one for your files and the other to fill out and return to the local office for payment. If you are working for more than one consumer-employer, you will receive a separate voucher for each one. During orientation, you saw a copy of a voucher and how to fill it out. You must fill it out accurately to be paid. If you have any questions about that, please contact the local APD/AAA office.

When you receive your voucher, review the information and make sure it is correct. If it isn't, please make sure to contact the case manager or voucher clerk at the local office. The voucher will list your consumer-employer's name, your name and provider number, the service period you are authorized to work, how many miles are authorized, and the total number of hours you can work during the pay period. The workweek begins at midnight Sunday and ends at 11:59 p.m. Saturday. A payroll calendar is available at the local APD/AAA office.

Each day, you will record the date you worked, the exact time you started your shift and the exact time your shift ended. If you were not able to work on a scheduled day, you cannot enter time for that date. If you record time on a day you didn't really work, you are committing Medicaid fraud.

In order to be paid, the voucher must be filled out and easy to read, completed in pen, and signed by you and your consumer-employer. Only have your consumer-employer sign your voucher after the pay period ends and you have worked and recorded all your hours. Never give your consumer-employer a blank voucher to sign or sign your consumer-employer's name on your voucher. When you sign your voucher, you are vowing that you worked all the days and hours you said you did. If you turn in a voucher claiming hours and days you really didn't work, you are committing Medicaid fraud, which is a serious crime (class C felony).

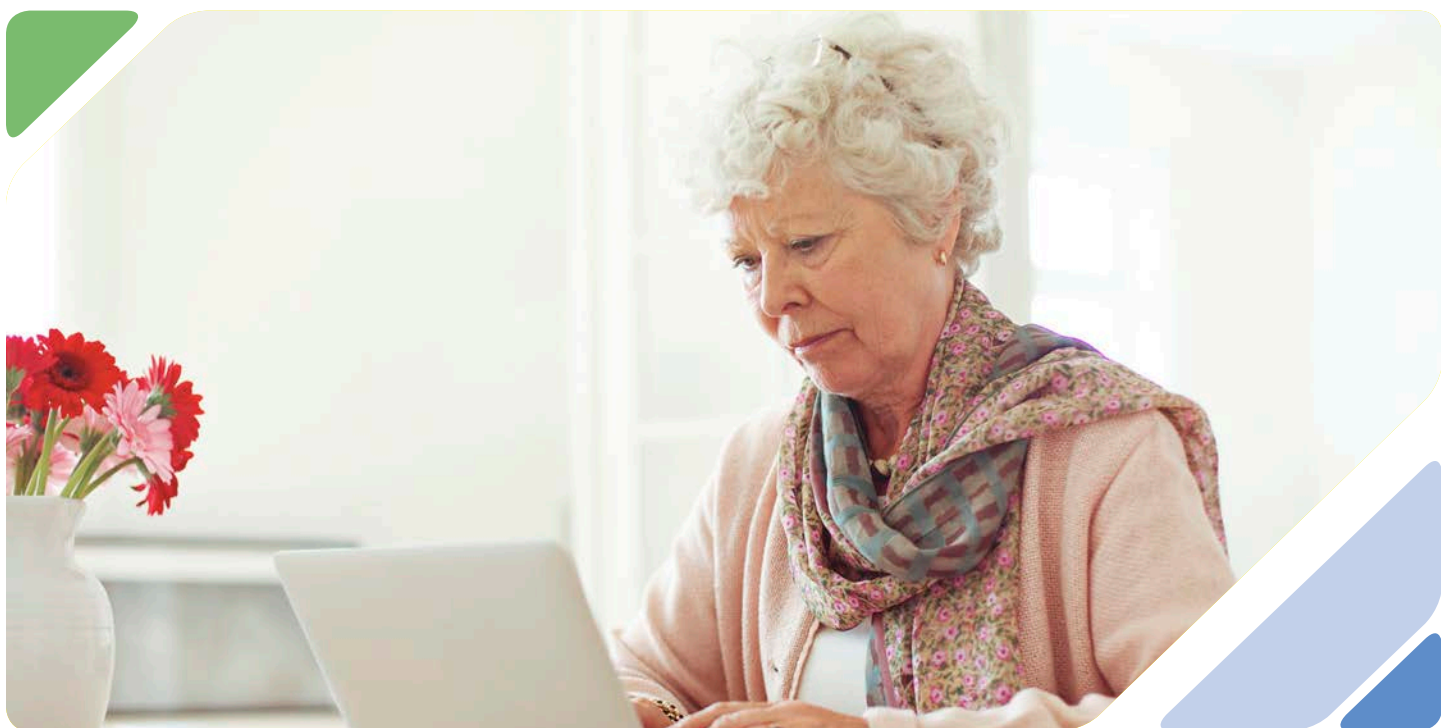
When you end your employment with a specific consumer-employer but want to continue working as a homecare worker, do not enter a date in the "last day worked" field. If you enter a date, you are voluntarily terminating your provider number and will not be able to work for anyone.

Use the following steps to make sure you receive your paycheck in a timely manner:

- Know how many hours you have been authorized to work for the pay period and make sure you and your consumer-employer schedule your time to stay within the authorized hours. You cannot claim more hours than authorized. If you have to work more hours than authorized because of an emergency, you must contact the case manager right away. If it is after business hours, you must call within two business days. Otherwise, you may not be paid for the extra hours.
- Make sure you fill out all the information on the voucher, including the date and time in/out (include a.m. or p.m.). If you don't, it will be returned to you and you may not get paid on time.
- Make sure your voucher is easy to read when you fill it out. If not, it will be returned to you to fix and you may not get paid on time.
- **After** you have worked all the hours for the pay period and you and your consumer-employer have signed the voucher, mail it or drop it off at the local APD/AAA office by the deadline.
- Make sure you have given the local office your current mailing address.

The most common voucher errors that will prevent you from being paid on time include:

- Claiming more hours than authorized or hours you did not work;
- Incomplete information (e.g., not using a.m. or p.m.);
- Using a pencil to fill out or sign the voucher;
- Using correction fluid (instead, cross out any mistakes with one line and have your consumer-employer initial all corrections);



- Turning in your voucher before the last day worked in the pay period;
- Your writing cannot be read;
- Claiming more mileage than you are authorized; and
- Turning in your voucher late.

It is important to keep in mind that **if** you repeatedly work more than 40 hours per week (i.e. overtime) and have not been approved to do so **or** turn in more hours than you have been authorized, your provider enrollment can be terminated. This means you will no longer be able to work as a homecare worker for anyone.

Make sure you follow the payroll calendar you received from the local APD/AAA office. It will tell you when you must turn in your voucher to be paid on time and the pay process date. If you miss the voucher submission deadline, you will not be paid until the next payday. If you lose your calendar, you can get a new one from the local APD/AAA office. You can also find one on the Oregon Home Care Commission's website under Homecare Worker Resources: <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCC/PSW-HCW/Pages/Homecare-Workers.aspx>.

When you are paid, you will receive a remittance advice. It shows how much you were paid and for whom you worked. Put it somewhere you can easily find it. Make sure to review it to make sure it is correct. Always read messages at the bottom on the remittance advice. They contain important information. If you need to show someone this paperwork, remember to black out your consumer-employers' names. Otherwise, you are breaking confidentiality.

Homecare workers receive pay for travel time when they are working for more than one consumer-employer on the same day. There are rules that must be followed in order to be paid for travel time.

- You can only be paid for travel time if you provide authorized services for more than one consumer-employer on the same day.
- You must be going directly from one job to the next. You are not paid to go to and from your home (even if you and a consumer-employer live together). You can stop to get gas or use the restroom in between consumer-employers' homes.
- You will be paid for the most direct and reasonable route. A publicly available web-based mapping program such as MapQuest or Google Maps will be used to determine the most direct route and the amount of travel time to allow. If it takes longer to get from one consumer-employer's home to another due to unforeseen construction, traffic or weather, you must let the case manager know by writing the reason on the travel form.
- If there is a significant break in time while going from one home to the next, you may not be paid. A significant break is 60 minutes. An example is stopping for lunch or doing personal errands.
- Use the travel time tracking sheet to claim travel time and make sure to keep a copy. You can be audited.
- If your mode of transportation is not your personal vehicle, write in the mode of transportation (i.e., bus, bicycle, walking, etc.) next to the "from address" on the travel form.
- Travel time must take less than one hour between consumer-employers.
- Travel time can take up no more than 10 percent of your total wages during the pay period. For example, if your gross wages for a pay period is \$560.00, you can be paid up to four hours of travel time ($\$560 \times 10\% = \56 divided by hourly rate of \$14 = 4 hours). This amount changes based on changes in the collectively bargained hourly base rate of pay for everyone, not the hourly rate you make if you are paid a differential.
- Travel time must not overlap with hours of care provided to a consumer-employer. For instance, you can't document that you traveled from 9 a.m. to 9:30 a.m. and also write on your timesheet that you worked for a consumer-employer from 9 a.m. to 9:30 a.m.
- You do not receive mileage reimbursement for travel time. You only are reimbursed for mileage for service-related transportation for your consumer-employer if you have been authorized.

- You will not be paid for time spent on personal business. This includes, but is in no way limited to, personal grocery shopping, stopping at your home, stopping at a family member's home or stopping for lunch.
- The Department of Human Services is not responsible for vehicle damage or personal injury sustained when you use your own vehicle or community transportation, except as may be covered under Workers' Compensation.
- Make sure you read the statement you sign on the travel time tracking sheet. If you sign it, but you did not accurately report actual dates and times travelled, it is considered Medicaid fraud, which is a serious crime.

Chapter 7:

The role of the Oregon Home Care Commission

The Oregon Home Care Commission has five major responsibilities when it comes to you and the work you do. It:

- Defines homecare worker qualifications;
- Created and maintains a statewide Oregon Homecare Commission Registry of homecare workers;
- Provides training opportunities for homecare workers;
- Serves as the consumer-employer of record for purposes of collective bargaining; and
- Trains consumer-employers on how to be successful employers.

Oregon Homecare Commission Registry

The Registry is an online system that matches people looking for work with people receiving Medicaid in-home services who are looking for qualified workers. Those paying privately for services can also use the Registry. It is available to the public 24 hours per day, seven days per week.



The first time you use the Registry, you will use your provider number and will create a user ID and password. If you forget your user name or password, you can call the Commission at 1-877-867-0070.

Once you are logged on, fill out all the information under your profile. It is where you select the services you are willing to provide, when and where you can work, and much more. The only information the local APD/AAA office will add for you is the date you attended orientation and when you showed staff your CPR/First Aid card. The Homecare Commission will enter the trainings you attended.

You must log into the Registry and update your information every 30 days. You will not be referred out from the Registry until you do.

To continue to be available for referral, make sure you attend at least four approved trainings per year (at least one safety class every two years).

Make sure you keep your availability up to date. If you are no longer looking for work, change your status to not currently looking. You can change your status anytime.

Helpful hints

Check the help wanted ads in the Registry to find people looking for homecare workers. Take a few minutes to create a personal statement on your profile for potential consumer-employers. Include information about your experience and why you love being a homecare worker.

There are several benefits of using the Registry. You can:

- Sign up for training;
- Keep track of what classes you have taken;
- Keep track of the certifications you have earned;
- Check when your background check is due. It is your responsibility to know when it is due and you must start the recheck process 55 days before your credential expires.

Training and career development

The Commission offers a variety of free trainings that will help you improve your skills and develop new ones. You may even qualify to be paid to attend trainings. The monthly training newsletter you get from the Commission lists all of the trainings offered around the state during the month. Examples of classes include:

- Diabetes by the Numbers;
- Keeping it Professional;
- Heart Healthy;
- Medication Safety;
- Preventing Disease Transmission.

The Commission offers more than 25 free trainings.

You can get a newsletter by calling the Commission at 1-877-867-0077 or visiting its website.

There are several benefits of attending trainings. You become more marketable on the Registry; you can be paid for your time to attend the class if you are actively working; and you may be eligible to attend a paid CPR/First Aid class after attending training.

The Commission offers several specialty trainings and certifications: Professional Development Certification, Enhanced Homecare Worker Certification; and Community Health Worker Certification. You can find more information in the training newsletter and on the Commission's website.

Workers' Compensation

Workers' Compensation covers you when you are performing authorized tasks on your task list for your consumer-employer. However, filing a claim does not automatically qualify you for Workers' Compensation benefits. If you are injured while working, let the Workers' Compensation coordinator with the Commission know by calling 1-888-365-0001. Also let your consumer-employer and the case manager know. When you seek medical treatment, ask your doctor to complete Form 827 and have it faxed to SAIF (the insurance carrier) at 1-800-475-7785.



Legally, you are considered a mandatory reporter of abuse or suspected abuse of a senior (age 65 or older), child, resident of any age in a nursing facility or individual who receives services through a community mental health or community developmental disabilities program. This means you must immediately report abuse or suspected abuse, which also includes neglect and financial exploitation, to the Department of Human Services.

- You are a mandatory reporter 24 hours per day, seven days per week for abuse or suspected abuse involving seniors, nursing facility residents of any age and children. This means, even if you aren't working, you must report abuse or suspected abuse (e.g., you see a neighbor harming a child).
- You are a mandatory reporter during working hours only for individuals who receive services through a community mental health or community developmental disabilities program (although you are not legally required to report suspected abuse after working hours, please report abuse seen or suspected while off work).

Although it may be difficult to report abuse involving someone you know (e.g., your consumer-employer's family member or a child's parent), it's the law.

If you have questions or need to report abuse to the Department of Human Services, call 1-855-503-SAFE (7233). You can use this number to report abuse of a child, senior or person with a disability. State law protects the confidentiality of all individuals reporting abuse. You are not required to give your name.

You can also find more information at www.Oregon.gov/dhs by clicking on "Report Child Abuse" and "Report Adult Abuse."

If you do not report abuse as required, there are serious consequences. You can be:

- Arrested;
- Fined up to \$2,000;
- Sued;
- Lose your ability to work as a homecare worker.

Warning signs of possible abuse

Indicators of possible financial abuse:

- Unexplained withdrawals from checking or savings accounts;
- Sudden changes in banking practices;

- Sudden transfer of assets;
- Changes in legal or financial status;
- Unusual contributions to charities;
- Addition of new names on bank signature cards or checks;
- Abrupt changes in one's will or other financial documents;
- Bank statements no longer being sent to the individual;
- Unpaid bills despite having adequate resources.
- Evidence that someone has used or taken the person's identify for their own or someone else's personal gain;
- Evidence that someone is hiding the person's money, property or medications;
- Evidence that an unauthorized person has taken charge of a person for the purpose of fraud;
- Acquaintances with a sudden or unexpected close relationship with a person who appears to be receiving high value gifts, transfers of money or property from the person.

Indicators of possible emotional or verbal abuse:

- A troubling change in one's behavior or mood (e.g., increased depression, agitation or confusion);
- Development of new phobias and fears;
- Persistent signs of being upset prior to someone's arrival (e.g., pleading with you not to leave);
- Hyper-vigilance;
- Undue concern with what another person wants;
- Passivity or becoming extremely withdrawn and non-communicative;
- Showing fear in the presence of the suspected abuser or deferring to the suspected abuser.

Indicators of possible physical abuse:

- Bruises, fractures, burns, welts, lacerations or "impossible" injuries (e.g., dislocated elbow in someone who is bedbound);
- Open wounds, cuts or puncture marks;
- Sprains or dislocations;
- Broken eye glasses or frames;
- Signs of being restrained;

- Irregularity in keeping follow-up appointments;
- Repeated visits to different caregivers;
- Delays in seeking medical treatment;
- Comments about the person being accident-prone or causing self-inflicting injuries;
- Untreated injuries and injuries at various stages of healing;
- Force-feeding.

Indicators of possible neglect:

- Evidence of dehydration or malnutrition including significant or sudden weight loss;
- Exposure injuries (e.g., hypothermia);
- Unanswered phone calls or a constant busy signal;
- Absence of necessities in the home, including food, water or heat;
- Development of bedsores;
- Not giving medications as ordered;
- Not providing required assistance;
- Withholding medications;
- Being abandoned or left unattended at a place or time as may likely endanger the health or welfare of the person.

Indicators of possible sexual abuse:

- Genital, urinary or anal irritation, discharge, bleeding, itching, bruising, scarring, pain or infection;
- Presence of a sexually transmitted disease;
- Pregnancy;
- Torn, stained or bloody underclothing or bedding;
- Suspect appears overly protective or dominant.

Abuse, neglect and financial exploitation are against the law. They are serious crimes, punishable as felonies, and subject to jail and imprisonment, among other consequences. You must report suspected wrongdoing if you see signs of abuse, neglect or financial exploitation, regardless of who the perpetrator is – a family member, another homecare worker, a nurse, a doctor, a dentist or anyone else. You must report this immediately. It is better to report suspected wrongdoing than not report it and risk someone being harmed.

Safety first. Take action to make sure you and your consumer-employer are safe when you are helping your consumer-employer at home and in the community. You can do this by practicing good body mechanics, following universal precautions and infection control practices, preparing food safely, talking about an emergency plan with your consumer-employer, and following the five rights when helping with medications.

For more information, please see the Oregon Home Care Commission’s publication “Safety Manual for Homecare Workers” found at <https://apps.state.or.us/Forms/Served/de9062.pdf>.

Proper body mechanics

Lifting is the most common injury reported by homecare workers. In order to reduce your chances of injury from lifting, follow these steps:

Plan ahead

- Plan the lift before you begin.
- Ask for permission to do the lift or assist with standing.
- Get all the equipment ready.
- Talk with your consumer-employer about how to do the lift.
- Decide how you will do it.
- Tell your consumer-employer the steps before they happen.

Use a wide base of support

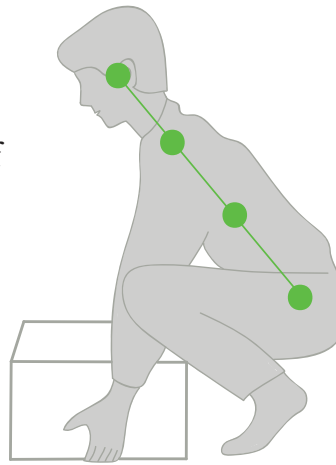
- Stand with your feet 8–12 inches apart (about the width of your shoulders).
- One foot should be a half step ahead of the other. This allows you to move the person or object by using a weight shift rather than a dead lift.
- Bring weight close to your body.
- Bend your knees or hips.
- Bending at your knees and hips makes your legs instead of your back do the work.

Keep your back straight

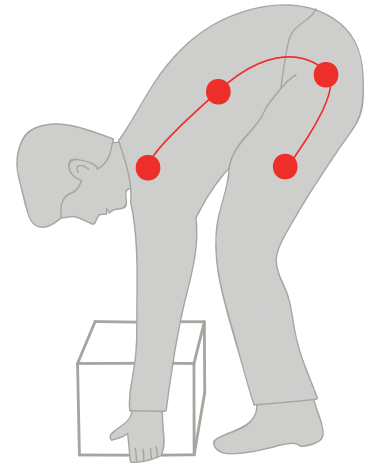
Keeping your back straight or maintaining its natural curve minimizes the risk of injury. Muscles that support your back work best in this position. Bend at the hips, not at the waist.

Lift with your legs

- Your leg muscles are stronger than your back. Use them to do the heavy work of lifting.
- Whenever possible, adjust the height of the surface from which you are lifting. If someone is in a hospital bed, raise the bed to the best height to lower the stress on your back when assisting with transfers, positioning, dressing, toileting or other activities.



CORRECT



INCORRECT

Move your feet when you turn

- Turn by moving your feet.
- If your body turns and your feet do not, you are twisting your back, which increases the risk of injury.

Please consider taking one of the safety trainings the Commission offers:

- Protecting Against Sprains and Strains (PASS);
- Preventing Disease Transmission;
- Taking Responsibility in Personal Safety.

Infection control

Practicing universal precautions is the best way to prevent infection and the spread of disease. Universal precautions means treating all blood or bodily fluids as potentially infectious. Your consumer-employer may choose not to share his or her medical information and diagnoses with you, just as you may decide not to tell your consumer-employer about an illness you may have. Taking the necessary precautions will protect you and your consumer-employer from blood-borne diseases and other illnesses.

Bodily fluids are:

- Blood;
- Secretions (such as phlegm);
- Excretions (such as urine and feces, not including sweat);
- Bodily fluids from non-intact skin (such as an open wound);
- Mucous membranes (such as in the mouth cavity).

The amount of contact you expect to have with your consumer-employer determines the precautions you take.

Precautions

- Washing your hands before and after preparing food, before eating and after using the toilet;
- Using disposable latex or other protective gloves and changing them often (do not reuse them and make sure to turn them inside out when you take them off);
- Using masks, eye protection and/or a face shield;
- Using a bleach-based cleaner or mixture of bleach with water to kill infectious germs (bleach kills all germs including bacteria, viruses and fungi whereas anti-bacterial cleaning agents are only designed to stop bacteria);
- Wearing gloves if you are touching soiled supplies or assistive devices;
- Wearing gloves when handling soiled linen;
- Properly disposing of needles by putting them in a sharps container (never recap needles);
- Staying home if you are ill.

Gloves and protective masks

Always follow universal precautions to keep you and your consumer-employer from getting sick. When you are helping your consumer-employer with personal care tasks, use disposable gloves to protect against the spread of disease. Ask your consumer-employer to get gloves through his or her medical card. The case manager can help your consumer-employer with that. You can get a supply of gloves through the local APD/AAA office until your consumer-employer is able to use his or her medical card to get them. If you are allergic to latex gloves, let the local office staff know. They can order disposable vinyl or nitrile gloves.

Food handling and safety

Foodborne illnesses are the result of certain disease-causing bacteria or pathogens contaminating food. You can protect your consumer-employer by doing the following:

- Wash your hands often with warm, soapy water for at least 20 seconds before and after preparing food and after going to the bathroom.
- Wash surfaces such as cutting boards, dishes, utensils and counter tops with hot soapy water after each food item and before the next food item.
- Separate foods. Cross-contamination is transferring harmful bacteria from one food item to another. To avoid this, wash your hands and any food preparation items, including utensils and cutting boards, after preparing raw meat, seafood or poultry and before preparing any other food. You can also keep separate cutting boards and utensils for each raw meat and each produce. Separate raw meat, poultry or seafood from fruits and vegetables. Place cooked meat on a clean dish.

- Refrigerate leftover food quickly before bacteria can grow. Thaw food in the refrigerator, in cold water or in the microwave. Do not thaw food on the counter or at room temperature.
- Thoroughly cook meat, poultry and eggs. Use pasteurized eggs and cook yolks until they are firm.
- Rinse fruits and vegetables to remove dirt. For lettuce and cabbage, remove the outer leaves before eating. Store pre-cut or peeled produce in the refrigerator to avoid contamination. Ask the grocer how to properly store produce if you have any questions.

Food poisoning or foodborne illness can have flu-like symptoms such as fever, nausea, vomiting and diarrhea. Ask your consumer-employer to call his or her doctor immediately if you think your consumer-employer has food poisoning or a foodborne illness.

Here are some resources for more information about food safety and foodborne illnesses:

The Centers for Disease Control and Prevention

1-800-232-4636

www.cdc.gov

Email: CDC-INFO

The United States Department of Agriculture (USDA)

Information Hotline: 1-202-720-2791

www.usda.gov

Check out “Food Safety Fact Sheets” and “Food Safety Education.”

Safety issues in the home

Talk to your consumer-employer if you feel your work area is unsafe. This could be because of a hazard in the home such as mold, rotten floorboards or steps, or a cluttered pathway in the home. It could also be because of something happening in the home such as the presence of aggressive animals or people. You have the right to be safe when you are working. If you don't feel safe, you may decide to end your employment if things don't improve. Please let your consumer-employer's case manager know right away if you are concerned about safety in the home. The case manager can check in with you and your consumer-employer to find ways to reduce or eliminate the safety risk. If there is an emergency, please call 911.

Medication safety

Taking medications the wrong way is very dangerous and can cause serious medical complications and even death. This is why it is important to check the five rights before helping someone with medications. This means reading the label every time you help your consumer-employer by ensuring you are giving the:

FIVE RIGHTS

1. **Right PERSON**
2. **Right MEDICATION**
3. **Right AMOUNT**
4. **Right ROUTE**
5. **Right TIME**

Make sure to read the medication bottle carefully and follow the instructions. If the bottle reads, “Do not crush,” make sure not to crush the medication. If your consumer-employer insists, it’s OK to tell him or her you do not feel comfortable doing this because it is unsafe. Suggest he or she call the physician or pharmacy.

If you agree to help someone with his or her medications, make sure you get all the information you need to prevent errors. This may include reading information provided by the doctor or pharmacy when the prescription is filled. If your consumer-employer no longer has the information, ask if you can call the pharmacy to ask some questions such as:

- When and how the medication should be taken (with food, before meals, without grapefruit juice, whether it can be chewed, etc.);
- What to do if a dose is missed;
- Potential side effects and what to do;
- How medications might interact with the other medications being taken (including vitamins and other over-the-counter products);
- How to safely dispose of unused medications.



Ask your consumer-employer for an up-to-date copy of all the medications he or she is taking and ask to have the list updated any time something changes. Even though your consumer-employer may tell you how to help with medications, you are still responsible for providing help that is safe.

Your consumer-employer may want you to fill a medication reminder box for the week. He or she may not know it's advisable to keep medications in their original containers, especially since the dosage or instructions can change. It makes identifying the pills easier and reduces errors.

Your consumer-employer is the ultimate decision maker, but you may want to encourage him or her to contact the physician or pharmacy to discuss the safest way to take medications.

For more information about medication safety, please visit the following websites:

Institute for Safe Medication Practices

www.ismp.org

ConsumerMedSafety.org

National Council on Patient Information and Education

www.talkaboutrx.org

MUST For Seniors (Medication Use Safety Training)

www.mustforseniors.org

U.S. National Library of Medicine (MedlinePlus)

www.nlm.gov/medlineplus/

MedlinePlus includes videos and tools about many health topics.

Please consider taking the Medication Safety training offered by the Commission.

Workers' Compensation

Workers' Compensation covers you under the Oregon Home Care Commission. The Commission handles the initial reports and interviews providers injured on the job. The toll-free number for reporting a work-related injury and filing a claim is 1-888-365-0001 or, in the Salem area, 503-378-3099. The homecare workers' and personal support Workers' Compensation fact sheet, "What to do if you are injured on the job" (APD 0355A), is available upon request.

Chapter 10:

Union representation

Service Employees International Union (SEIU) Local 503 (www.seiu503.org) exclusively covers thousands of publicly funded homecare workers in Oregon. In 2001, 92 percent of homecare workers voted in favor of having a union. The first bargaining agreement, signed in 2003, made health insurance, Workers' Compensation and wage increases available to homecare workers.

SEIU 503 OPEU handles all questions related to union membership, representation and benefits such as:

- Grievances (contract violations);
- Union membership enrollment;
- Dues deductions;
- Termination appeal rights;
- The collective bargaining agreement (union contract);
- Membership benefits;
- Health coverage and paid time off; and
- Local office bulletin boards.

For more information, call the Member Resource Center at 1-877-451-0002.

For health benefit information and paid time off, call the Homecare Worker Supplemental Trust & Benefits Trust at 1-844-507-7554.

You can also find information online at <https://www.orhomecaretrust.org>.



Direct deposit

Direct deposit (also known as an electronic funds transfer) provides a more secure way of getting your provider payment directly deposited into your account. Direct deposit can prevent checks from getting stolen or lost in the mail, and can save you a trip to cash or deposit your check. A homecare worker who enrolls in direct deposit continues to receive a monthly remittance advice showing the employer(s) he or she worked for and the amount paid.

Direct deposit is voluntary for those homecare workers who choose to sign up. It is not mandatory. A Request for EFT Enrollment Form for Providers, Vendors and Contractors (MSC 189) will be included in your homecare application packet. You need to return this form to the APD Direct Deposit Unit at the address on the form. The form also requires you to attach a voided check for all requests involving checking accounts. All direct deposit requests are entered at APD central office. It is important that you notify the local office within 10 days if you close or change your checking account. You are responsible to make sure your funds have been deposited into your account before making any purchases. You would use the form mentioned above to start, stop or change a direct deposit authorization. If you do not sign up for direct deposit when you enroll as a homecare worker, you can do so at any time by completing the form. If you stop working as a homecare worker and then return to work, inform the local office immediately upon returning if you have changed or closed your bank account.

Electronic deposits take three banking days to get from DHS to the homecare worker's bank. Banking days are Monday through Friday, excluding holidays. 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 worker's bank or financial institution. This process takes extra time.

Your bank or financial institution may have its own schedule for processing direct deposits. Some financial institutions process electronic deposits once per day; others process deposits twice per day. The time of day when deposits are processed can also vary. You should check with your bank or financial institution to find out when the direct deposit will be processed and your funds will be available to you.

Before making purchases, homecare workers are responsible for verifying that their bank has received the electronic funds. DHS is not responsible for any insufficient funds charges on the homecare worker's account. DHS will not reimburse any overdraft charges resulting from expenditures before funds were available.

FICA/Medicare tax withholding

The Federal Insurance Contribution Act (FICA) is an employment tax. FICA withholdings go toward an individual's Social Security and Medicare benefits. FICA withholdings are sent to the Social Security Administration and applied toward an individual's Social Security benefits and Medicare account.

As a homecare worker, your share of FICA is automatically withheld from your provider payment check and sent to the Social Security Administration. At the end of the tax year, some individuals receive a FICA tax refund. The FICA refund will be based on the provider's total gross earnings in an entire year. If the provider earns less than the federal standard set by the IRS and Social Security, the provider can receive a FICA refund. Questions about FICA deductions can be directed to the Internal Revenue Service at 1-800-829-1040.

Unemployment insurance

Unemployment insurance replaces part of the income you lose when you become unemployed. It is a benefit available to eligible workers who are out of work through no fault of their own.

- **Who is eligible?**

You must be considered laid off rather than terminated, and you are required to be actively seeking employment.

- **Who is not eligible?**

If the employer, for good cause, terminated you from employment or DHS terminated your payment authorization, you are not eligible for unemployment compensation.

The Employment Department, not DHS, decides if you are eligible for unemployment benefits.

- **What happens when a homecare worker applies for unemployment insurance?**

When a homecare worker applies for unemployment compensation, the Employment Department will send a notice that a claim has been filed to either DHS's local or central office. Although your employer employs you, the Employment Department considers DHS to be the employer for purposes of unemployment compensation. DHS has the right to respond to that notice. If the homecare worker is found eligible for unemployment and DHS disagrees based on information that the homecare worker has been terminated for cause, or that there is other work available, DHS will appeal that decision. Either side will be able to request a hearing and appeal if it disagrees with the Employment Department's decision to allow or deny benefits.

Mileage

Mileage reimbursement must be pre-approved by your employer's case manager. The authorized mileage amount will be listed on the payment voucher. Mileage reimbursement will only include service plan-related mileage; medical transportation is not included. You must have a valid driver's license and be using your personal motor vehicle to be reimbursed for mileage. Your employer may ask to verify your driver's license and proof of auto insurance.

APD/AAA will not authorize reimbursement for travel to or from the residence of the homecare worker. Transportation and mileage may only be authorized from the employer's home to the destination(s) authorized in the service plan and back to the eligible individual's home. DHS is not responsible for any vehicle damage or personal injury sustained while using a personal motor vehicle to transport your employer, except as may be covered by Workers' Compensation.

You may not claim mileage except for what your consumer-employer previously approved on your task list and you drove. You cannot claim mileage on your timesheet for one consumer-employer while running errands for someone else. You may not estimate the mileage. It must be the actual number of miles you drove. You cannot claim mileage used for your own personal errands.

Integrity gives you real freedom because you have nothing to fear since you have nothing to hide.

– Zig Ziglar

You are an important team member when it comes to preventing fraud. There are things that you can do to help:

- Know what is considered fraud.
- Know the consequences of committing fraud.
- Do the right thing.
- Report fraud.

Know what is considered fraud

Fraud is a serious crime and there can be serious consequences, including losing your provider number, criminal prosecution for felony crimes, and going to jail or prison. It is important to make sure you don't commit fraud. Understanding fraud helps protect you.

Fraud includes but is not limited to:

Billing for hours that you didn't work. There are several examples of this sort of fraud, including:

- Claiming all of the authorized hours if you did not work all of them;
- Being in the home but not providing services on your task list, and claiming the time while doing other things in the home such as sleeping, watching TV or caring for your children;



- Being in the home but not providing services on your task list, and instead claiming time doing tasks not on your task list (e.g., gardening, caring for pets), even if the consumer-employer asks you to do these tasks;
- Claiming you performed tasks you didn't do;
- Scheming with your consumer-employer to exaggerate or lie about how much help or what kind of help your consumer-employer needs or how much help you provide;
- Billing for any services provided to a consumer-employer who has been admitted to a hospital, skilled nursing facility, adult foster home or other care facility;
- Billing for any services provided to a consumer-employer who is not at home (i.e., in jail, on vacation, out of town, etc.);
- Claiming hours you didn't work during the week or on a particular day, but planning to make-up the next week;
- Subcontracting your work for the consumer-employer by arranging for someone to work in your place but still claiming the hours as if you had worked them;
- Working or covering for another homecare worker, but allowing the person to claim the hours on their own voucher(s);
- Claiming you provide live-in services to a consumer-employer even though you don't live there or are not available in the consumer-employer's home to provide care during your scheduled hours.

Claiming fraudulent travel time. Examples can include:

- Claiming hours for travel time you didn't use for traveling directly between consumer-employers;
- Claiming miles you didn't drive or claiming mileage for tasks not on the task list.

Falsifying documents:

- Asking your consumer-employer to sign a blank timesheet;
- Signing your consumer-employer's name to timesheets;
- Altering a timesheet after your consumer-employer has signed it.

Know the consequences of committing fraud

- Your Medicaid provider number will be terminated.
- You will likely be arrested and charged with a Class B or C felony.
- You will likely be prosecuted and have a criminal history.
- You will likely be sentenced to jail or prison.
- You will likely have to pay back the money you stole (also known as restitution).
- You will likely be excluded from working in any position anywhere in the United States that accepts federal health care dollars in any capacity.

There are many examples of fraud cases that were investigated and prosecuted by the Department of Justice involving homecare workers and consumer-employers. Here are some examples:

Example 1:

This case involved a male homecare worker and two female consumer-employers. He met the first consumer-employer on an online dating site and they began a romantic relationship. He convinced her to let him be her homecare worker and required that she move into his home in Eugene where he charged her rent. As a homecare worker, he was required to provide services in her home, not his.

During the same time, he agreed to be a live-in provider for a second consumer-employer he met online. It was discovered that he never moved in and she was left alone for extended periods of time every day without help. She reported he was verbally abusive and she was left lying in her own urine. He claimed all the hours for services he didn't provide for both women.

The investigation started after a hospital social worker observed that one of the women was fearful of her homecare worker. She had fallen when he was supposed to be there and she had been on the floor for an extended period of time. The maintenance worker found her unconscious on her kitchen floor. She was forced to wet herself because the HCW wouldn't help her out of bed. He also ripped her earring out of her ear, which severed her ear lobe.

The homecare worker pled guilty to criminal mistreatment in the first degree, fourth degree assault, making a false claim for health care payment, and four counts of first-degree theft. He was sentenced to 15 months in prison and was required to pay \$14,000 in restitution.

Example 2:

This case involved a female homecare worker and her female consumer-employer. They were neighbors. The consumer-employer agreed to a scheme in which she would present herself as having a disability and her neighbor would be her homecare worker.

At each annual assessment, they both report that the consumer-employer was unable to bathe, toilet, cook meals or even walk without substantial assistance. A yearlong investigation revealed the consumer-employer could, in fact, do those things for herself, as well as raise sheep, bottle-feed calves and ride horses (including in parades). This went on for seven years.

The HCW was sentenced to more than three years in prison and three years of post-prison supervision. She had to pay \$108,000 in restitution and fees. The consumer-employer died a month before the trial.

Example 3:

This case involved a male consumer-employer and his two homecare workers, both family members. For more than 10 years, the consumer-employer claimed he was unable to drive, bathe, feed himself or walk without assistance. During a six-month investigation, investigators watched him walk down six flights of stairs, jog down the street to catch a bus and hop a six-foot fence. During this same time period, he also got a traffic ticket. The consumer-employer and his two homecare workers were convicted and sentenced to jail. They had to pay back the money they stole.

Do the right thing

Instead of committing crimes for which you could be prosecuted and risking losing your ability to work as a homecare worker, do the right thing. The examples below illustrate some types of fraud and how to avoid them. Remember, if you ever have any questions about what you are being asked to do, or what the right thing to do is, you can and should call the case manager or the local APD/AAA office.

Example 1:

Your regular work schedule is Monday through Friday. Your consumer-employer tells you, “You’re a good worker and deserve a long weekend. Take Friday off and claim the hours on your timesheet.” **Don’t do it. Do the right thing. Let your consumer-employer know it is considered fraud to claim hours that you don’t work. Call the case manager to report what happened.**

Example 2:

You missed a day of work during the service period for personal reasons. Your consumer-employer tells you to claim the hours for that day anyway and says you can make up the hours a different day. **Don’t do it. Do the right thing. Let your consumer-employer know it is considered fraud to claim hours that you don’t work. Call the case manager to report what happened.**

Example 3:

You are at your consumer-employer’s home working during her annual review with her case manager. You overhear your consumer-employer report that you help her get in and out of bed, bathe and use the bathroom. You haven’t helped with those things since the last assessment because your consumer-employer is able to do them independently now. **Do the right thing. Call the case manager after the home visit and let her know what you actually help your consumer-employer with and what your consumer-employer is able to do herself.**

Example 4:

Housekeeping, bathing, personal hygiene, grooming, dressing and toileting are included on your task list. For all tasks, you are authorized to work 60 hours per month. Your consumer-employer will only let you help with housekeeping, but you are authorized only 20 hours per month for that task. You work 60 hours per month for your consumer-employer helping with housekeeping and things that are not on the task list, but keep you busy. Your consumer-employer tells you to write on your timesheet that you help with the activities of daily living. **Don't do it. Do the right thing. Let your consumer-employer know it is considered fraud and you could lose your provider number. Call the case manager to report what you help your consumer-employer with; your consumer-employer may need a new assessment and revised service plan. It is considered fraud if your a consumer-employer really needs the help and you don't provide it for whatever reason but you document you do. In addition to fraud, your provider number can be terminated based on the failure to provide required services and you can be investigated for neglect.**

Example 5:

You are authorized 20 miles per month so you can help your consumer-employer with grocery shopping. Sometimes your consumer-employer has you go grocery shopping twice a week and other times only once per week. You guesstimate you drive at least 20 miles per month, but you don't use your odometer. You claim the full 20 miles. **Don't do it. Do the right thing. Claiming miles you didn't drive is considered fraud. You must accurately report mileage. Ask the local office for a mileage log and use it every time you go to and from the grocery store.**

Report fraud

Call 1-888-FRAUD 01 to report suspected Medicaid fraud.

To report Medicare fraud,

- Call 1-800-MEDICARE (1-800-633-4227) or
- Call the Office of Inspector General at 1-800-447-8477. Report online at <http://oig.hhs.gov/fraud/report>.

You can report anonymously.

Thank you for choosing homecare worker as your career. Having a career is a long-term pursuit of a lifelong ambition. It is something you invest in and strive to be the best at by continuing to develop your skills and knowledge base.

We hope you found the information in this guide helpful. You may want to read it from time to time as a refresher.

Please consider attending all the Oregon Home Care Commission-sponsored trainings available to you. The great work you do and your professional growth are important to us. When you succeed, the Consumer-Employed Provider Program succeeds.



Consumer-Employed Provider Program Homecare Worker Guide Acknowledgment

By signing this document, I _____ am confirming the following:

- I received a copy of the Homecare Worker Guide.
- I understand I am responsible to read the guide in its entirety.
- I will ask the local APD/AAA office for help understanding the information if I have questions.
- I understand I cannot be or act as a consumer-employer's authorized representative if I am that consumer-employer's homecare worker.
- I understand I am a mandatory reporter 24 hours per day, seven days per week and must report abuse or suspected abuse of an elder, child or resident of any age in a nursing facility.
- I understand I am required to report abuse or suspected abuse during working hours involving an individual who receives services through a community mental health or community developmental disabilities program.
- I understand I must comply with investigations conducted by Adult Protective Services.
- I understand committing fraud will result in the termination of my provider enrollment and number and is punishable by law. I understand the following:
 - I cannot bill for any hours I did not work.
 - I cannot bill for tasks I did not do or that are not listed on the task list.
 - I cannot participate in any scheme to exaggerate or fabricate the consumer-employer's needs or the type of help I provide to the consumer-employer.
 - I cannot bill for hours when the consumer-employer is not eligible to bill for services. Examples of non-billable times include, but are not limited to, hospitalization; residing in another service setting; incarceration; or being out of town or the state or country when I have not gone with the consumer-employer to provide care.
 - I cannot bill for hours when I was out of town, the state or the country or otherwise unavailable to provide services on the task list to the consumer-employer.

- I cannot bill for travel time unless I was traveling directly between consumer-employers in the same day and I was not conducting personal business or business for other consumer-employers.
- I cannot subcontract work and still bill for hours another person worked in my place.
- I cannot cover for another homecare worker and allow that worker to bill for the hours I worked.
- I cannot alter a timesheet after the consumer-employer signs it.
- I cannot sign the consumer-employer's name to a timesheet.
- I cannot present a blank timesheet for a consumer-employer to sign.
- I cannot bill for seven-day per week live-in services when I do not reside in the consumer-employer's home, or am not available in the consumer-employer's home on the days I am expected to provide live-in services.
- I cannot claim service-related mileage I did not drive in my vehicle.
- I cannot document on the timesheet I worked on a specific day or time I didn't work.
- I understand I will report any suspected fraud, including fraud perpetrated by my consumer-employer, to the local APD/AAA office or to the DHS Fraud Hotline.
- I understand I am required to keep all information involving my consumer-employer confidential and can only share information with the consumer-employer's case manager or the community health registered nurse working with my consumer-employer.

Signature of homecare worker

Date

FOR OFFICE USE ONLY	
<input type="checkbox"/> Signed form meets alternate method of orientation	Provider number _____
<input type="checkbox"/> Form signed in addition to in-class orientation	
<input type="checkbox"/> Date signed form received by local office: _____	<input type="checkbox"/> Career HCW <input type="checkbox"/> Restricted HCW
<input type="checkbox"/> Local office staff initials: _____	
<input type="checkbox"/> HCC staff initials, if verified by HCC: _____	



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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.